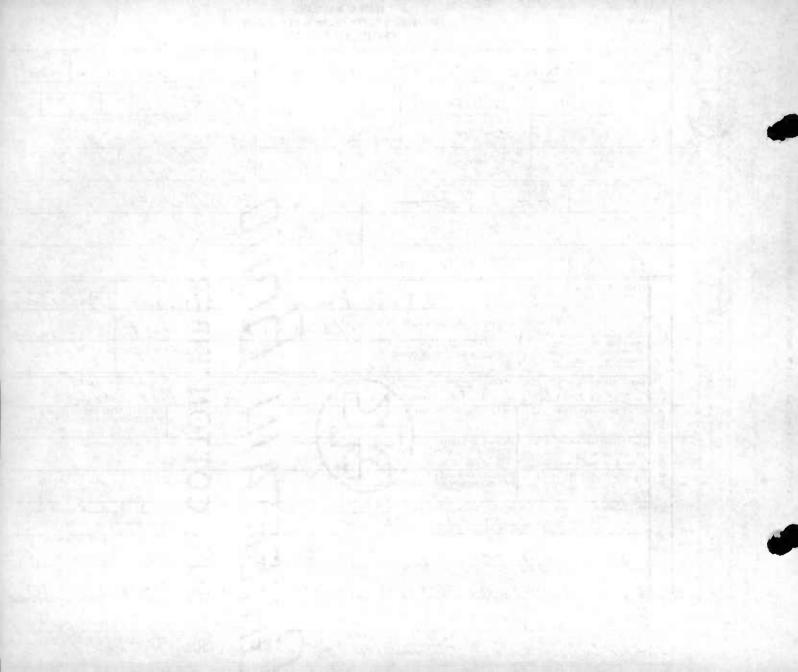
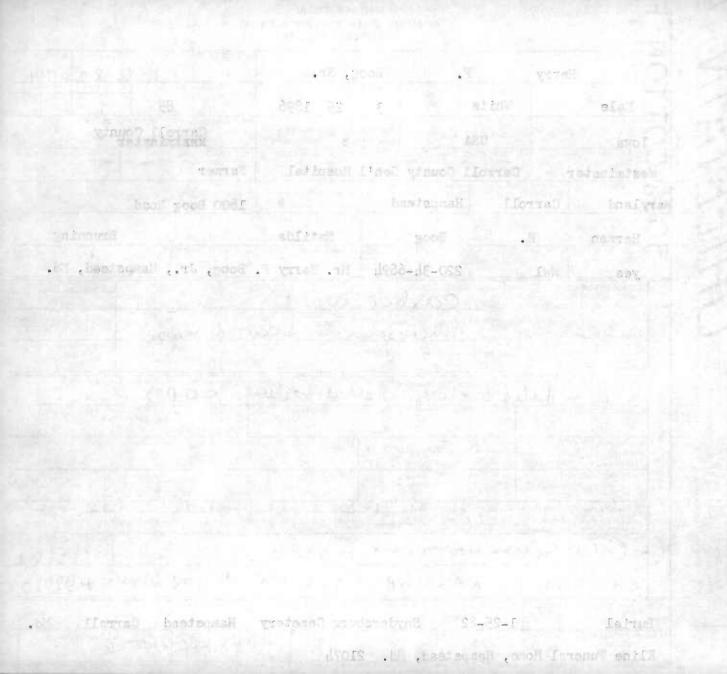


X	١.	FOR STATE REGISTRAR		STATE OF MARYLAND TMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8 2 0	1700
y be	(TYPE	CEASED NAME FIRST OR PRINT) GRA		AMAN	20. DATE OF DEATH MONTH C	28-82 10.3A M
and mo	3. SEX	Female	White	5. DATE OF BIRTH MONTH DAY YEAR 02 21 93	88 -89 YRS.	IF UNDER 1 YEAR IF UNDER 24 MRS AONTHS DAYS HOURS MIN
e o th	1/9	RTHPLACE ISTATE OR FOREIGN SUNTAY) VINGINIA	76 CITIZEN OF WHAT COUNTR	Y? 8.  MARRIED □ NEVER MARRIED □  WIDOWED ☑ DIVORCED □	BALTIMORE CITY OF COUNTY	OF DEATH  MD.
on the factor of	10.61	CSTMINSTER	11. NAME OF HOSPITAL, NUR.	SING HOME OR OTHER INSTITUTION LET ADDRESS)  General 1 - 8 p.	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE  SEAM TIES 5	128 KIND OF BUSINESS OR INDUSTRY
ND 212 124 hour filled in rould be	130.5		1) OTHER INSTITUTION, GIVE RESIDENCE BEI	YES NO NO	130 SIREEI ADDRESS / Ave	
MARYLA within ted within on different conditions of the conditions	14. FA	TOTAL TRIST	MODIE Maybury	Bridget	Hushion	TAST
IMORE,		VAS DECEASED EVER IN U.S. AI (IF YES, GN	RMED FORCES? 166. SOCIÁL SE 234. 10	CURITY NO. 11. INFORMANT -5265 Alice Murphy	1 Taneytown	Maryland
10 W. PRESTON ST., BAI that the death certificate d by the ottending physic lease remove carbompape ial, cremotion, or removal.		PART I. DEATH WAS CAUS	only ane couse per line for (a), (b), ED BY:  DUE TO, OR AS A CONSECT (b)  DUE TO, OR AS A CONSECT (c)	Telectures -	- left lung nom - left bronch	APPENIMATE INTERVAL BETWEEN ONSET AND DEATH TWEETER WELLS MEZ
ALRECORDS, 3C he low requires on. hos been signed premit. Then plue ene prior to buring ows any injury, o	CERTIFICATION	PART 2. OTHER SIGNIFICANT  CHARACTER OF OPERATION  CONTRACTOR  PART 2. OTHER SIGNIFICANT  OTHER SIGNIFICANT	zed anterior	DEATH BUT NOT RELATED TO THE TERM H OPERATION WAS PERFORMED	200. AUTOPS 10. IF YES IN CERTIF	EN IN PART 1101  WERE FINDINGS USED YING CAUSES OF DEATH?  NO NO
DIVISION OF VITAI  NG PHYSICIAN; The  outending physicio  for this certificate to  st the buriol-transit  th and Mental Hygie  arked or frem 18 sho	MEDICAL CER	216. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EJTHER, NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED WHILE NOT WHILE	HOUR A.M. MONTH	DAY YEAR 19 211. LOCATION	RRED (ENTER NATURE OF INJURY IN ITEM 18, PA CITY OR TOWN	COUNTY STATE
ATTENDI ospital or ECTOR: A id for use of. of Heoli m 21 is ma		22a I certify that (I) (this hasp	oital) attended the deceased from	and that in (my) (our) opinion	to Gan 28, death accorded on the date and hour	19 S that (I) (we) lost ond from the causes stated
O HOSPITAL OR etained by the NTO FUNERAL DIR should be detached with the State Dep		Ephrai- 22d PHYDICIAN'S NAME (TYPE F.D. L. D. A. I.A.	m V3anz ORPRINI)	ATTENDING PHYSICIAN 220 ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIAN D	1-28-82 nd.2177(
TO H TO F shoul	23a B	UNAL CREMATION, REMOVAL		NAME OF CEMETERY OR CREMATORY	23d. LOCATION	COUNTY VINCIAL &
DHMH-16 60M 1/73 (VR A 15 (4))	24. FU	INERAL DIRECTOR NAME ETCLER	Home & Saporess	minster mol. 15	Belo av sederamon sede	C SEMINORE

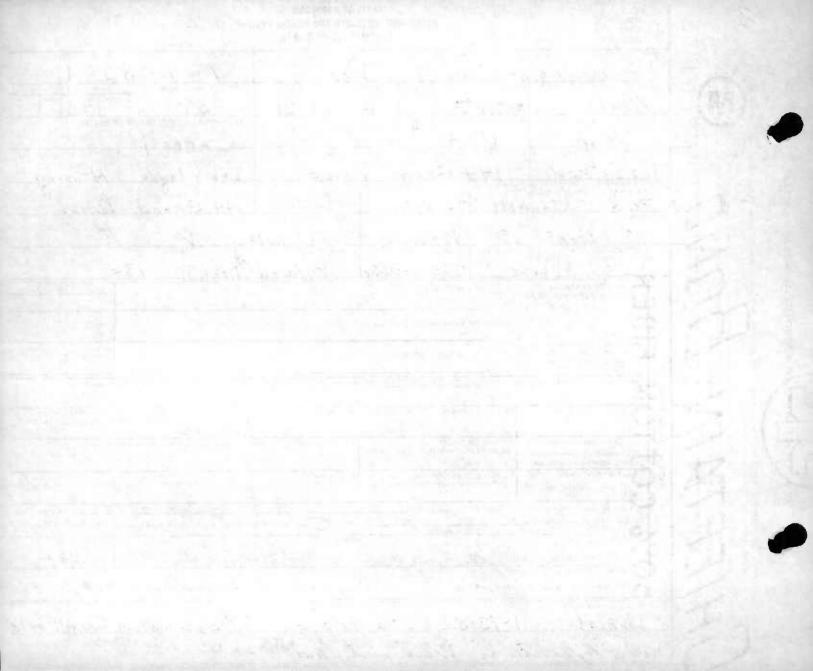


1	FOR - STATE REGISTRAR		DEPARTA	MENT OF H	OF MARYLAND EALTH AND MENTAL HYO ICATE OF DEATH	GIENE 8 2	0 1 / 0
		IRST	MIDDLE	ŧ.	AST	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
[14	PE OR PRINT)	rry	F.	Boo	g, Sr.	1-	-22-87 071
3. S	EX	4. RACE		5. DATE C		6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS
	Male	White		3	25 1896	85 <sub>Y</sub>	RS.
55 70.	BIRTHPLACE (STATE OR FOREI COUNTRY)  Towa	IGN 76 CITIZEN OF	WHAT COUNTRY?	MARRIEI WIDOWE	NEVER MARRIED	9 BALTIMORE CITY OR COU Carroll	County
10 000	Westminster	LIF NOT IN SUC	HEACILITY GIVE STREET	IG HOME C	Hospital	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK) Farmer	12b. KIND OF BUSINE
130	UAL RESIDENCE (IF NURSING 136 Tyland (	HOME OR OTHER INSTITUTION COUNTY	GIVE RESIDENCE BEFORE 13c CITY OR TOW Hampstea	ADMISSION)	13d INSIDE CITY LIMITS?	13e. STREET ADDRESS 1800 Boog Roa	ad
	FATHER'S NAME	MIDDLE	LAST		15. MOTHER'S MAIDEN NA		
66	Herman	н.	Boog		Matilda		Brunning
160		U.S. ARMED FORCES? FYES, GIVE WAR OR DATES)	220-34-6		Mr. Harry F	Boog, Jr., Ha	amostead. Md.
matic event, ma	14140	CAUSED BY. MEDIATE CAUSE (a)  DUE TO, O	R AS A CONSEQUE	liac	arrest	ut disease	APPROXIMATE INTER BETWEEN ONSET AND
y, or other trou		the DUE TO, O	R AS A CONSEQUE			MINAL DISEASE OR CONDITION	
NO NO	DIS	Jalis to	xia'ly	العالا	ral failu	M, CORD	
CERTIFICATION	190 DATE OF OPERATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY? 20b. II IN CE	FYES, WERE FINDINGS USE ERTIFYING CAUSES OF DEAT YES \( \text{ NO } \)
	21a ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUS	SE OF DEATH HOUR A.	M. MONTH DA	AY YEAR	21¢ HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM	A 18 PART I OR PART 2)
MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE (AT HOME, STR	OF INJURY SEET, FACTORY, OFFICE, F	ARM, ETC )	ZII LOCATION STREET	CITY OR TOWN	COUNTY 5
21 is ma	22a I certify that (1) (this sow the deceased a abave, (1) (we) (did)		2 - 19 8	( on	70-, 1987 d that in (my) (our) opinion	deoth occurred on the date and	, 19 <u>\$ 2</u> , that (1) (v
IT: If Item	22b. SIGNATURE	gende	wogo	ma	DEGREE ATTENDING PHYSICIAN [	MEDICAL STAFF	221. DATE SIGNED
IMPORTANT:	22d. PHYSICIAN'S NAME		AGANA	) A	174 E. Ma	inst westimi	inster HD211
≥ 230	BURIAL, CREMATION, REA	MOVAL 23b. DATE	23c. N	NAME OF C	METERY OR CREMATORY	23d. LOCATION	COUNTY SI
	Burial	1-25-8	32 Sn	ydersl	ourg Cemetery	Hampstead	Carroll Mc
81	FUNERAL DIRECTOR NAME  Funeral	l Home. Han	ADDRESS	Md.	21074	MEZD 84 REGISTRAR 254 PE	GISTRAL



TO LANGUE TO THE	the state of the	
	County State	Acres 1
	And the same of th	toward of the
	and the same of th	Bush DT.
MARKET BUILDING	A Control of Control of	arne i
	esterne de volctife expedi	
	A Control of the Cont	
		0
.El.of Core - return of 10		
	and How Date of the American Com	

3	1.	Item 4 G 564 2/4,		E OF MARYLAND EALTH AND MENTAL HYG	IENE 8 2	01/03
	1.	STATE REGISTRAR		ICATE OF DEATH	REG. NO	).
# # # # # # # # # # # # # # # # # # #		CEASED NAME FIRST OR PRINT)	CARROLL D	Brown	20. DATE OF DEATH	MONTH DAY YEAR 26. HOUR
(M)	3. SE	THALE 1	PACE Black 5. DATE CO MONTH		6. AGE   IN YEARS LAST BIRTH	MONTHS DAYS HOURS MIN
death 2	C	DUNIRY) And	USA WIDOWE		CARR	COUNTY OF DEATH
OCH the the	1	AMEUTOWN	NAME OF HOSPITAL, NURSING HOME OF HOT IN SUCH FACILITY, GIVE STREET ADDRESS)	DRIVE	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF	
hin 24 has by tilled in abould by	13a, 3	AL RESIDENCE (IF NURSING HOME OR OTH TATE 136 COUNTY CARR WHER'S NAME	IER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)  13c. CITY OR TOWN  TANEY TOWN	13d INSIDE CITY LIMITS? YES NO	13e STREET ADDRESS	and DRIVE
E, MARY cuted with complete s I and 2		VAS DECEASED EVER IN U.S. ARMEI	DEROWN	Do Roll	ADDRE	P LAST
BALTIMORE, cote be executed to opers. Pages wol.	(	VES (IF YES, GIVE WA	R OR DATES)	mildred	Brown	13E
RESTON ST., e death certifu nove carbon prior, or remo		DADTI DEATH WAR CALICED D	DUE TO, OR AS A CONSEQUENCE OF	CATELNOMA OF	RELUNG	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
sol w ned by please uriol, cr	NOI	underlying couse lost.	DUE TO, OR AS A CONSEQUENCE OF  (c)  JOITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR COND	DITION GIVEN IN PART 1101
DIVISION OF VITAL RECORDS,  UG PHYSICIAN: The low requir ottending physicion.  Ifter this certificate has been sig as the burial-transit permit. Then h and Mental Hygiene prior to b syked ar them 18 shows any injury	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR WHICH OPERATION	N WAS PERFORMED	200 AUTOPSY? YES NO	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?  YES \( \begin{array}{c} \text{NO} \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\
SICIAN: The ng physicic certificate virial-transit entol Hygie them 18 sho	-	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19	21c. HOW INJURY OCCURR	ED {ENTER NATURE OF INJUR	( IN ITEM 18, PART 1 OR PART 2)
DIVISION O or ottending 1 After this cert e os the board oth and Mental morked ar then	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)	211. LOCATION STREET	CITY OR TOW	
ATTEN spitol CTOR: I for us		above (I) (we) (did) (did now vi	ew the body after death.		death occurred on the do	te and hour and from the causes stated
HOSPITAL OR , med by the ho FUNERAL DIRE uld be defoched , the State Dept ORTANT: if then		226. SIGNATURE  22d. PHYSICIAN'S NAME (TYPE OR PRI	Janham 112	ATTENDING PHYSICIAN [	MEDICAL STAF	
TO HOSPITAL retoined by the TO FUNERAL should be determent with the Store IMPORTANT:	22	HONARD G. LANA	inn, mo.	215 MACHINGTOI		NOST HINSTORE
DHMH-16 60M 1/73	1	BURIAL DIRECTOR	36. DATE 123 NAME OF C	BRIOGE	23d LOCATION  YOR TOWN  ELLIUM  BEC'D BY REGISTRANI	NASOR CAPROLISTATE NASOR CAPROLISTATE NOT REGISTRATES SIGNATURE
(VR A 15 (4))	0	Mert Tyle Pril	Sh. Westmin	lin, met JAN	1 8 1982	REGISTRANS SIGNATURE



DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO . DECEASED NAME LAST 20. DATE OF DEATH MONTH YEAR 26 HOUR Buck Benjamin Invin January 31, 1982 4 RACE 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS YEAR male white February 28, 1920 TO BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH COUNTRY MARRIED T NEVER MARRIED Penn. U. S.A. Carroll County WIDOWED 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 126 KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) Westminster Carroll County General Hospital Salesman USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION 13a. STATE 136 COUNTY 13e STREET ADDRESS 19 Washington La. Apt. G Westminster 13d INSIDE CITY LIMITS? Carrol1 MD 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME Florence Anna Perry Benjamin Buck 17 INFORMANT Mrs. Milliere Pre Buck 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. IYES NO OR UNKNOWN (IF YES, GIVE WAR OR DATES) 19 G. Washington La. Westminster, MD. 21157 Yes WW 2 220-09-5856 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE ID Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO OR AS A CONSEQUENCE OF underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 19n DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES 71g. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER)

NOT WHILE 220.1 certify that (1) (this haspital) attended the deceased from saw the deceased alive a

and that in (my) (ear) opinion death occurred on the date and hour and from the causes stated

COUNTY

22d. PHYSICIAN'S NAME (TYPE OR PRIN

22e ADDRES

211. LOCATION

22c. DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

STATE

230. BURIAL, CREMATION, REMOVAL

226. SIGNATU

71d INJURY OCCURRED

23c NAME OF CEMETERY OR CREMATORY

Feb. 3, 1982 Moreland Mem. Park

DEGREE

23d LOCATION Parkville

DHMH - 16 50M 1/B1 (VRA 15, 4)

14 FUNERAL DIRECTOR Loring Byers Funeral Directors, Inc. 8728 Liberty Road Randallstown, Md. 21133

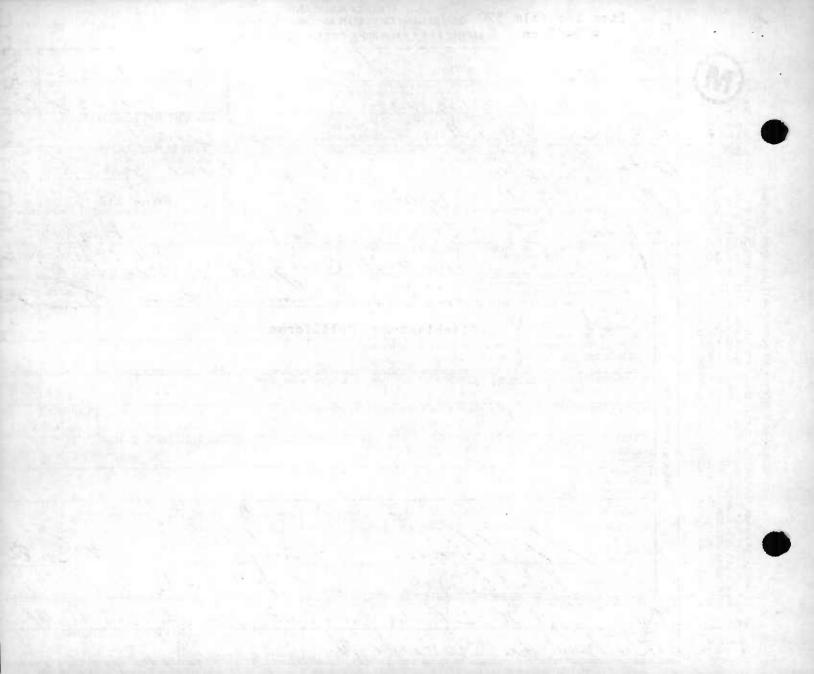
23b. DATE

21e PLACE OF INJURY

(AT HOME STREET, FACTORY OFFICE FARM ETC )

(IV) 3.2 A Quelletter malletter Gulin Collen BARBU CHLIND BASAST Jelus Steen El 188 1 88 Street Street Street

	DEC	TATE SEGISTRAR 8613-82 EASED NAME FIRST OR PRINT)	cn M	MIDDLE	OF HEALTH	ERTIFICATE OF	DEATH 20. DATE K	REG. NO.	ONTH DAY	YEAR 2b. H
	SEX	inak White	5. DATE OF BUT MONTH DA	H YEAR LAST BH	IN YEARS IF UNI		HRS. 2c. DATE PRONOUNC DEAD	MO	23 191 DAY 23 191	82-10 A YEAR 2d. HOU 82-10 F
うしまった	Ba	THPLACE (STATE OR EIGH COUNTRY)	4.5.	WHAT COUNTRY?	8 MARRIE WIDOWE		0 Car	r.71	OUNTY OF DEA	MD
00/	1/2	Y OR TOWN OF DEATH  5 + minster  RESIDENCE (IF IN NURSING ROME	CRYPO!	OSPITAL, NURSING HO	6ener	el Hosp.	FOR MOST OF WORKH		OR IN	OF BUSINESS DUSTRY Shep
5 130	u. ST	Ad. Breour	ATY //	112 GITY OF TOW	ins fer	YES YOU	STREET ADDRESS	main	57.	
00	(	HER'S NAME FIRST	MIDBLE	Caples		15. MOTHER'S MAIDEN I	MAME		Hugh	e 5
160	q. W	AS DECEASED EVER IN U.S. AR 5, ND, OR UNKNOWN) (IF YES, GIVI	MED FORCES? WAR OR DATES)	216-70	-2401	5knh g.	Leples,	ADDRESS LABORE	caster	MINITE INTERVAL ONSET AND DEATH
100 KUS 130 114, 115 114, 115 114, 115 114, 115 114, 115 114, 115 114, 115 114, 115 114, 115 114, 115 114, 115 114, 115 114, 115 114, 115 114, 115 114, 115 114, 115 114, 115 114, 115 114, 115 114, 115 114, 115 114, 115 114, 115 114, 115 114, 115 114, 115 114, 115 114, 115 114, 115 114, 115 114, 115 114, 115 114, 115 114, 115 114, 115 114, 115 114, 115 114, 115 114, 115 114, 115 114, 115 114, 115 114, 115 114, 115 114, 115 114, 115 114, 115 114, 115 114, 115 114, 115 114, 115 114, 115 114, 115 114, 115 114, 115 114, 115 114, 115 114, 115 114, 115 114, 115 114, 115 114, 115 114, 115 114, 115 114, 115 114, 115 114, 115 114, 115 114, 115 114, 115 114, 115 114, 115 114, 115 114, 115 114, 115 114, 115 114, 115 114, 115 114, 115 114, 115 114, 115 114, 115 114, 115 114, 115 114, 115 114, 115 114, 115 114, 115 114, 115 114, 115 114, 115 114, 115 114, 115 114, 115 114, 115 114, 115 114, 115 114, 115 114, 115 114, 115 114, 115 114, 115 114, 115 114, 115 114, 115 114, 115 114, 115 114, 115 114, 115 114, 115 114, 115 114, 115 114, 115 114, 115 114, 115 114, 115 114, 115 114, 115 114, 115 114, 115 114, 115 114, 115 114, 115 114, 115 114, 115 114, 115 114, 115 114, 115 114, 115 114, 115 114, 115 114, 115 114, 115 114, 115 114, 115 114, 115 114, 115 114, 115 114, 115 114, 115 114, 115 114, 115 114, 115 114, 115 114, 115 114, 115 114, 115 114, 115 114, 115 114, 115 114, 115 114, 115 114, 115 114, 115 114, 115 114, 115 114, 115 114, 115 114, 115 114, 115 114, 115 114, 115 114, 115 114, 115 114, 115 114, 115 114, 115 114, 115 114, 115 114, 115 114, 115 114, 115 114, 115 114, 115 114, 115 114, 115 114, 115 114, 115 114, 115 114, 115 114, 115 114, 115 114, 115 114, 115 114, 115 114, 115 114, 115 114, 115 114, 115 114, 115 114, 115 114, 115 114, 115 114, 115 114, 115 114, 115 114, 115 114, 115 114, 115 114, 115 114, 115 114, 115 114, 115 114, 115 114, 115 114, 115 114, 115 114, 115 114, 115 114, 115 114, 115 114, 115 114, 115 114, 115 114, 115 114, 115 115 114, 115 115 115 115 115 115 115 115 115 11	NO	Canditions, if pny, which gave rise to immediate cause (a) stating the under lying cause last.  PART 2 OTHER SIGNIFICANT CONDITION:	(b) (b) (c) (c)	OR AS A CONSEQUEN  CONSEQUEN  TH BUT NOT RELATED TO THE	oma Mu CE OF	OR CONDITION GIVEN IN PART I				
	CERTIFICATION	190. DATE OF OPERATION	19b. CON	DITION FOR WHICH C	PERATION WA	S PERFORMED?			20 AUTO	OPSY?
3	3	210 EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF	DEATH P	OF INJURY .M. MONTH DAY \ .M. 19	EAR	W INJURY OCCURRED	ENTER NATURE OF INJUR	Y IN ITEM 18 PART 1	OR PART 2)	
2	MED	WHILE NOT WHILE AT WORK		E OF INJURY (AT HOM ACTORY, FARM, ETC.)		ATION REET	CITY OR FOWN		COUNTY	STATE
		228. I certify that Hook char death resulted from. Nats	10	described above, held	Autops Suicide .	Ham/lide .	Inquiry Indetermined man		ту ориноп	
		ACTUAL SIGNATURE	and l	Duce	M.I	TITLE (SPECIFY)	MEDICAL EXAMIN	VER S	ATE 23	Jano
2			hard L	Jones	M.I	DDRESS Carlo	MEDICAL EXAMIN	HER S		Hosp.
	a. BU	EXAMINER'S NAME	hard C 23b. DATE 1-26-8	Volta	CEMETERY OR	DRESS Carpo	11 Coul	ety c		Hosp.



FOR

REGISTRAR

1 - STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

		0.0			
71		4-3	stice.		
Fform	A CONTRACTOR		Lau -		. 45
no have transitive	. Ango	n. 16h.	L_0 :		7+
the Nate Steel and		COMO 1 TO 1	atou	P. J.	.54
110	licrotic	ه اه		Ot al	Petroy
loin Reinterstein, M.	Jestanal .com	110/12-110	-352		0
		March Trail	39,33,3		Colema
	AV L - ACETS.	to the	restates.	0	

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours in

etained by the haspital or attending physician.

STATE OF MARYLAND

0	1	0

	STATE REGISTRAR				CERTIF	ICATE OF DEATH	REG. N					
	CEASED NAME	FIRST		MIDDLE		AST	20. DATE OF DEATH	MONTH	DAY YE.	AR	26 HOL	JR .
		ice	Roy	er		oleman		1-	18-8	2	150	100
3. SE	X	N.F	4. RACE		5 DATE C		6. AGE (IN YEARS LAST BI	RIHDAY)	MONTHS D	YEAR DAYS	HOURS	24 HRS MIN.
1	Female	14.	white	9	1	29 1892	89	YRS	MONTHS	773	HOURS	W(IN.
	RTHPLACE (STATE OF	FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8	D NEVER MARRIED	9 BALTIMORE CITY		Y OF DEAT	Н		
	Ohio		USA		WIDOWE		Carroll					ME
	TY OR TOWN OF DE stminster		11. NAME OF I	HOSPITAL, NURSING HEACILITY, GIVE STREET	G HOME (	OR OTHER INSTITUTION	126 USUAL OCCUPAT (TYPE OF WORK FOR MOST Housewif	OF WORKING L	IFE) INDUS		BUSINI	_
USU	AL RESIDENCE (IF NUR	SING HOME OR	OTHER INSTITUTION	GIVE RESIDENCE BEFORE	ADMISSION)		1					
130. 3	Md	Carr		Westmin		13d INSIDE CITY LIMITS?	13e. STREET ADDRESS	erty	C+			
14 FA	THER'S NAME	Juani	OII	Megcurin	scel	15 MOTHER'S MAIDEN NA		Je I c.y	20.			
	FIRST		MIDDLE	LAST		FIRST	MIDDLE			LAST		
16- 14	Scott VAS DECEASED EVER	W.	UED FORCES	Royer	DITYLLO	Ida 17. INFORMANT	K.	FCC				
	YES NO OR UNKNOWN)		E WAR OR DATES)									
	no	n/	a	212-24-	2113	Thelma Cole	man Frizze	elsbu:	rg. M	d		
	18 CAUSE OF DEAT	TH Enter on	ly one couse per	line for 101, (b), on		remic SI			AP BETW	PROXIM	ATE INTER	VAL
CERTIFICATION	PART 2 OTHER SIG	NIFICANT C		ITION FOR WHICH		NOT RELATED TO THE TERM  N WAS PERFORMED	200 AUTOPSY?  YES NO	20b. IF YE	S, WERE FI FYING CAU	NDIN(		TH?
	OR CONTRIBUTING			M. MONTH DA	AY YEAR	21c. HOW INJURY OCCUR	KED (ENTER NATURE OF INJU	JRY IN ITEM IB	PART 1 OR RAR	1.21		
MEDICAL	(IF EITHER NOTIFY MED				19							
MED		HILE 🗆	(AT HOME, STR	OF INJURY IEET FACTORY, OFFICE F	ARM ETC )	216 LOCATION STREET	CITY OR TO	)WN	COUNT	Y	S	TATE
dy	22a.   certify that (1 sow the decease above, (1) (we) ( 22b. SIGNATURE					nd that in (my) (our) opinion DEGREE				the co	ot (I) (vouses sto	
	Colum	rach	reell	Nago	ung		DIRECTOR PHYSI			2	818	32
	CHITZ	ACHE	DY 1	VAGAN	NA	174 E	Main 81	- W	erin	42	784	
23a. B	SURIAL, CREMATION SREBLINA JNERAL DIRECTOR	, REMOVAL	23b. DATE 2-1-	82 K	VAME OF C		23d. LOCATION CITY OR JOHN E REC'D. BY REGISTRAN	TER (	CARRO	1	7)	7d-
0	obert Ky	e P	rittals	. West	ninils	me sti	9 1982	Tiasu	0		Chapter on	

DHMH - 16 50M 1/B1 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages 1 and 2 should be filled with the State Dept. af Health and Mental Hygiene prior to burial, cremation, ar removal.

	Francis ()				
	Francis ()				
	ê mol				
	13			Livers	
			No.		Jan 13
THE PERSON NAMED IN					
other Street its	me'r daylor	Manche	A 104 85X		-Nemastra

1.	FOR STATE REGISTRAR	DEPARTI	STATE OF MARYLAND MENT OF HEALTH AND MEN CERTIFICATE OF DEA	ITAL HYGIENE	REG. NO.	1 /	0 8
(TYP	ECEASED NAME FIRST PE OR PRINT)  COLUMN	d Earl	Dietz	20 DATE C	DE DEATH MONTH	25-52	26. HOUR
3. SE	male	White	Feb. 9 19	VEAR 80	YEARS LAST BIRTHDAY) YRS.	MONTHS DAYS	IF UNDER 24 FIRS
2	Maryland	LITIZEN OF WHAT COUNTRY?  A A  NAME OF HOSPITAL, NURSIN  NE NOT IN SUCH BERGEY, GARSTREET		RCED 120 USUAL	ORE CITY OR COUNT ON OUR ATION REFORMST OF WORKING	12b. KIND C	PF BUSINESS O
USU 13a.	JAL RESIDENCE (IF NURSING HOME OR O'STATE 136 COUNT	THER INSTITUTION, GIVE RESIDENCE BEFORE Y 13c. CITY ON TOW	N 13d. INSIDE CITY	LIMITS? 130 STREET	ADDRESS .	1-1 10	tools
à	John 6	DOLE .	15. MOTHER'S M.		MIDDLE O	myes	are .
100 (	W ECEASED EVER IN U.S. ARMI (YII OR UNKNOWN) (IF YES GIVE V	ED FORCES? IN SOCIAL CU	078 Beules	h. Dieta	3 Timber		MATE INTERVAL ONSET AND DEATH
	Conditions, if any, which gave rise to immediate couse ial, stating the underlying cause last	DUE TO, OR AS A CONSEQUE	derolic (c	ndid Ver	Xulan Disec	320	
NO	PART 2. OTHER SIGNIFICANT CO	INDITIONS CONTRIBUTING TO D	DEATH BUT NOT RELATED TO	THE TERMINAL DISEA	SE OR CONDITION G	IVEN IN PART 1	a
CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORM	ED 200 AUT	IN CERT	ES, WERE FINDIN IFYING CAUSES YES []	OF DEATH?
CAL	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	P.M.	AY YEAR	Y OCCURRED (ENTER N	ATURE OF INJURY IN ITEM 18	PART 1 OR PART 2)	
MEDI	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e, PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F.			CITY OR TOWN	COUNTY	STATE
	22a I certify that (I) (this hospital saw the deceased alive an obove, (I) (we) (did) (did see) 22b, SIGNATURE	1-25- 10 5	2 2 and that in (my) (au	r) opinian death accurr		our and from the	couses stated
	22d PHYSICIAN'S NAME ITYPEORP CHITRAEHR	EDU NAGANN	22e ADDRESS	NDING MEDICAL SICIAN DE MAN ST	STAFF PHYSICIAN []	nimin 2	-5/82
	BURIAL, CREMATION, REMOVAL	23b. DATE 23c N	NAME OF CEMETERY OR CREA	MATORY 23d. LOC	ATION Y OR TOWN	SDUNTY	S An

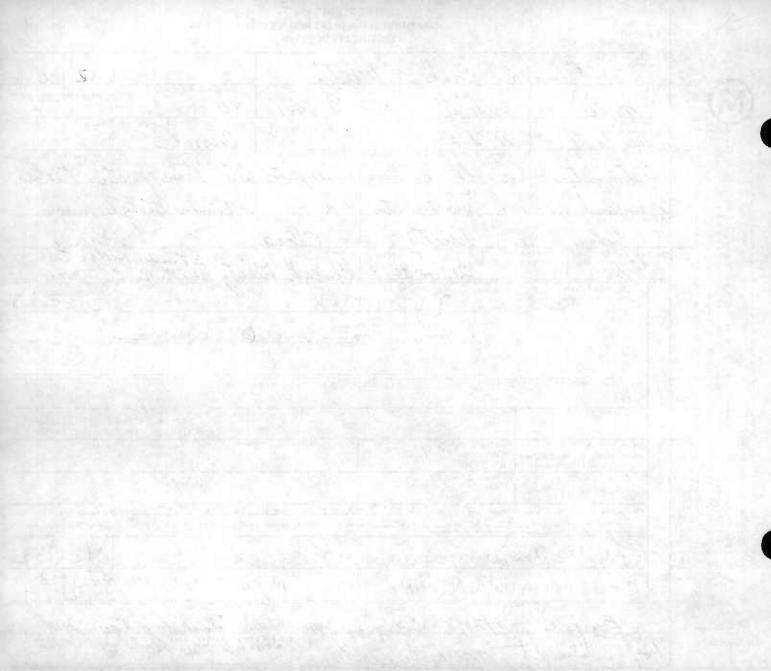
BP.

DHMH - 16 50M 1/81 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and campletely filled in the the should be detached for use as the burial-transit permit. Then please remove carbompapers. Pages 1 and 2 should be find with with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 harm at

retained by the hospital ar attending physician



	1-	FOR STATE			DEPARTMENT OF	HEALTH	AARYLAND I AND MENTAL H	47 44	0 1	109
		REGISTRAR CEASED NAME PE OR PRINT)	FIRST		MIDDLE TENCE	NEK.2	CERTIFICATE C	20. DATE KNOWN OF ESTI- DEATH MATED		DAY YEAR 30 19828
	3. SE			DATE OF BIRTH MONTH DAY	year 6. AGE (IN Y	DAY) MONT	IDER TYR. IF UNDER	24 HRS. 2t. DATE MIN. PRONOUNCED DEAD	MONTH / 5	O BZ 8
3	FO	IRTHPLACE (STATE COREIGN COUNTRY)	OR 7h	CITIZEN OF WE	SA	8. MARR WIDOW		ED Carroll	Co.	
-	V	Vestminst	er	Carroll	PITAL, NURSING HOM CILITY, GIVE STREET ADDRESS! Co. Gen'1	Hospi		FOR MOST OF WORKING LIFE) Punch Press		or industry  Gould, In
	13a S	Md.	13b. COUNTY		13c. CITY OR TOWN Westminst		13d. INSIDE CITY LIMITS? YES NO 🗗		stown P	ike
-	1	ATHER'S NAME Lafayette		MIDDLE	Dillow		15. MOTHER'S MAIDI	ra		Kitt
	16a. \	WAS DECEASED EVI ES, NO, OR UNKNOWN)	(IF YES, GIVE WAI	D FORCES? R OR DATES)	229-40-1		Mrs. Mami	e Dillow, Wes		r, Md.
	CERTIFICATION	PART 2 OTHER SIGNIFIC 19a. DATE OF OPE			BUT NOT RELATED TO THE TES		E OR CONDITION GIVEN IN PA	RT 1 (a)		20 AUTOPSY?
3		210 EXTERNAL CA	ma.	21b. TIME OF HOUR A.M	INJURY MONTH DAY YEA	AR 21c. He	OW INJURY OCCURRE	D LENTER NATURE OF INJURY IN ITEM	A 18 PART I OR PART	YES NC
	3	CONTRIBUTING		ATH P.M	. 19					
	MEDICAL	CONTRIBUTING [ 21d. INJURY OCCU WHILE NO	CAUSE OF DEA	21e PLACE C			CATION	CITY OR TOWN	COUN	īY s
2	MEDICAL	CONTRIBUTING  21d. INJURY OCCU WHILE AT WORK  22s. I certify the death resided to ACTUAL SIGNATURE	CAUSE OF DEA	21e PLACE C STREET, FACT	OF INJURY (AT HOME, ORY, FARM, ETC.)		sy , Inspection, Hymicide , TITLE (SPECJEY)		and in my apin	
2	23a.B	CONTRIBUTING  21d. INJURY OCCU WHILE AT WORK AT WORK  12d. I certify the death resolved to	CAUSE OF DEA	21e PLACE C STREET, FACT	OF INJURY (AT HOME, ORY, FARM, ETC.)	Autap	sy , Inspection, Hymicide , TITE (SPECIEY)  DD	n Inquiry Undetermined manner	- 8	BOSAV &

de Tiel 6 6 Francisco India Thele and seed done to the Cattorial I'm deal formation and another the Court of the Court with medianizati AUST a totalistan Clerisi .on Enthyweles Dillow Bila Worst 1210 ho 229-80-1985 Ers. Nambo 2111ew, Westminston, Jim. Charles and the second second and the second grefator confirming for the fairle the drops to bearaged out from entitle

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REG. NO 20. DATE OF DEATH MONTH

2h HOUR

REGENA EBERHART 4 RACE 5. DATE OF BIRTH White

76 CITIZEN OF WHAT COUNTRY?

USA

6 AGE (IN YEARS LAST BIRTHDAY) 69

BALTIMORE CITY OR COUNTY OF DEATH

July 29,1912"

MARRIED TO NEVER MARRIED WIDOWED DIVORCED NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION

Carroll 12ª USUAL OCCUPATION

(TYPE OF WORK FOR MOST OF WORKING LIF Housewife

126 KIND OF BUSINESS OR INDUSTRY

WEEKS

Westminster

Balto.

(IF YES, GIVE WAR OR DATES)

Carroll Co. Gen. Hospt. LIBUAL RESIDENCE (IF NUR HE MAE OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) Reisterstown

113d. INSIDE CITY LIMITS? YES T

136 STREET ADDRESS Hanover Road 15 MOTHER'S MAIDEN NAME Frances

14 FATHER'S NAME James

(NO OR UNKNOWN)

FOR - STATE

TYPE OR PRINT

3. SEX

REGISTRAR

Female

BIRTHPLACE ISTATE OF FOREIGN

eisterstown. Md.

DECEASED NAME

T. 60 WAS DECEASED EVER IN U.S. ARMED FORCES?

Aple 166 SOCIAL SECURITY NO

17 INFORMANT 215-09-3209

Mr. Joseph W. Eberhart Reisterstown, Md.

ADDRESS

Stauffer IAST

18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY Canditians, if any, which

IMMEDIATE CAUSE (0) CEREBRAL DUE TO, OR AS A CONSEQUENCE OF

VASCULAR INSUFFICIENCY AS A CONSEQUENCE OF

PRICE CEROTIC CORDIO VASCULAR

DISEASE

gave rise to immediate cause (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g HEART FAILURE CONGESTIVE

MELLITUS

21h TIME OF INJURY

96 CONDITION FOR WHICH OPERATION WAS PERFORMED

19

28s AUTOPSY?

20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?

71a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED

P.M 21e. PLACE OF INJURY AT HOME STREET, FACTORY OFFICE, FARM, ETC.)

HOUR A.M. MONTH DAY YEAR

DEGREE

211 LOCATION

, and that in (my) (our) opinian death occurred an the date and haur and from the causes stated

216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

WHILE

MEDICAL

NOT WHILE saw the deceased alive an\_

22a. I certify that (1) (this hospital) attended the deceased from.

22e ADDRESS

CITY OR TOWN

COUNTY STATE

22c DATE SIGNED

obove, (1) (we) (did) (did nat) view the body after death 22b. SIGNATURE

MPORTANT:

8

22d PHYSICIAN'S NAME

Burial

23a. BURIAL, CREMATION, REMOVAL 23b. DATE

Feb.2,1982

23c NAME OF CEMETERY OR CREMATORY Lake View Park

23d LOCATION

MEDICAL

PHYSICIAN DIRECTOR PHYSICIAN

Sykesville, Md.

STATE

DHMH - 16 50M 1/B1 (VRA 15. 4)

24 FUNERAL DIRECTOR

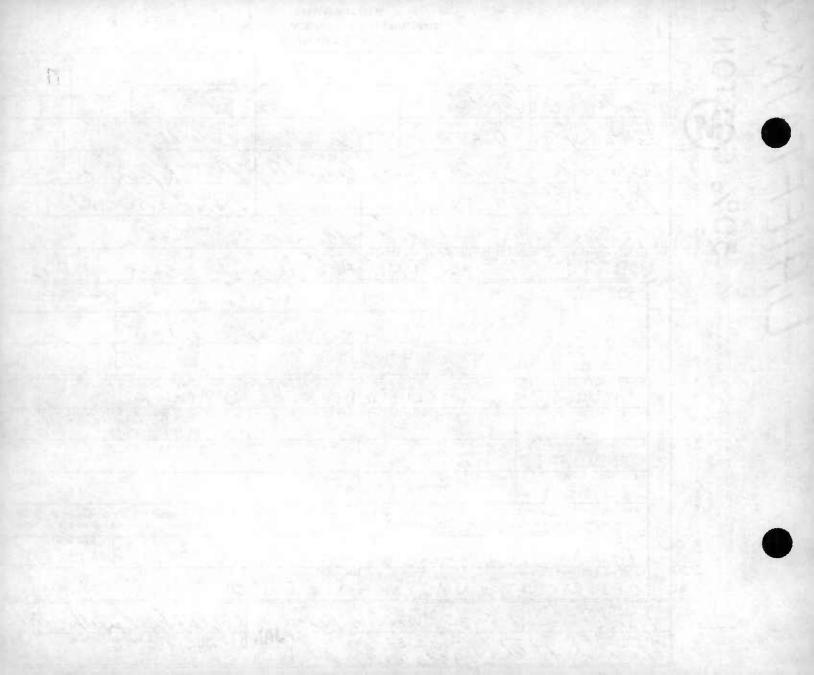
Eline Funeral Home Reisterstown, Md. 21136

ATTENDING

25a DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

in teleprotection, III., with the second of to the transfer to the transfer of the transfer of Association of the contraction o A STATE OF THE PARTY OF THE PAR All of the second line of the second control of the second control

1.	FOR STATE REGISTRAR	DEPAR	TMENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	REG. NO	0.
		Kyker	Edwards	20. DATE OF DEATH	MONTH DAY YEAR 26 HOUR 1-3-82 1545M
3. SE	remale	White	S. DATE OF BIRTH  MONTH  5 - 17 - 1897	6. AGE (IN YEARS LAST BIR	THDAY)  IF UNDER I YEAR  IF UNDER 24 HRS  MONTHS DAYS HOURS MIN.  YRS.
70 B	Centucky	76 CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED WIDOWED DIVORCED	9 BALTIMORE CITY O	R COUNTY OF DEATH
10 g	RS Minstel	(IF NOT IN SUCH FACILITY, GIVE FIRE	ET ADDRESS)	TYPE OF WORK FOR MOST O	ON 126. KIND OF BUSINESS OR INDUSTRY
130	The last	NTY // IBC CITY OR TO	WN 13d. INSIDE CITY LIMITS?	130 SIREET ADDRESS	rrick Rd.
IL E	ATHER'S NAME FIRST CAVIES	MIDDE KYK	15. MOTHER'S MAIDEN NA Margare	AT WORLD	e \$
160			1666 non D.	Wart a	sake as 13
	PART I. DEATH WAS CAUSE	D BY:	indicionalory Ja	ilure.	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if any, which	DUE TO, OR AS A CONSECU	boover enla	r ceceid	lout.
	couse (a), stating the underlying cause last.	(c)			
NOIT	Alveros	clerolic Co	vdioVaseula	~ DIREC	voe:
RTIFICA				YES NO	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?  YES NO NO
7	OR CONTRIBUTING CAUSE OF DE.	HOUR A.M. MONTH (	DAY YEAR 19	RED (ENTER NATURE OF INJU	RY IN ITEM TS. PART 1: OR PART 2)
MED	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK			CITY OR TO	WN COUNTY STATE
	sow the deceased alive on	1-2-19	& , and that in (my) (our) apinion	death accurred on the de	3 19 8 2, that (I) (we) lost ate and hour and from the causes stated
	226. SIGNATURE	helinage	MY PHYSICIAN [	MEDICAL STAI	FF 1/3/82
	CHITTACH	EDU NACS		Main ST	WEST MINES HD 215
23a	BURIAL, CREMATION, REMOVAL	23b. DATE 23c	NAME OF CEMETERY OF CREMATORY	23d LOCATION CITY-OR/OWN	fel County by fred
	To B S S S S S S S S S S S S S S S S S S	TO CONTRIBUTING OR CONTRIBUTING OR CONTRIBUTING TO CONTRIBUTION TO CONTRIBUTIO	TO CITY OR TOWN OF DEATH  10. CITY OR TOWN OF DEATH  11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE  130. STATE  130. S	The Certificate of Death    Certificate of Death   Certificate of Death   Certificate of Death   Certificate of Death   Certificate of Death   Certificate of Death   Certificate of Death   Certificate of Death   Certificate of Death   Certificate of Death   Certificate of Death   Certificate of Death   Certificate of Death   Certificate of Death   Certificate of Death   Certificate of Death   Certificate of Death   Certificate of Death   Certificate of Death   Certificate of Death   Certificate of Death   Certificate of Death   Certificate of Death   Certificate of Death   Certificate of Death   Certificate of Death   Certificate of Death   Certificate of Death   Certificate of Death   Certificate of Death   Certificate of Death   Certificate of Death   Certificate of Death   Certificate of Death   Certificate of Death   Certificate of Death   Certificate of Death   Certificate of Death   Certificate of Death   Certificate of Death   Certificate of Death   Certificate of Death   Certificate of Death   Certificate of Death   Certificate of Death   Certificate of Death   Certificate of Death   Certificate of Death   Certificate of Death   Certificate of Death   Certificate of Death   Certificate of Death   Certificate of Death   Certificate of Death   Certificate of Death   Certificate of Death   Certificate of Death   Certificate of Death   Certificate of Death   Certificate of Death   Certificate of Death   Certificate of Death   Certificate of Death   Certificate of Death   Certificate of Death   Certificate of Death   Certificate of Death   Certificate of Death   Certificate of Death   Certificate of Death   Certificate of Death   Certificate of Death   Certificate of Death   Certificate of Death   Certificate of Death   Certificate of Death   Certificate of Death   Certificate of Death   Certificate of Death   Certificate of Death   Certificate of Death   Certificate of Death   Certificate of Death   Certificate of Death   Certificate of Death   Certificate of Death   Certificate of Death   Certificate of De	The Carbon Market of Death  Reg. N. Age:   State of Barth   Reg. N. Age:   Reg. N. Age:



Charles W. Burrier, Jr., Sykesville, Md.

FOR

(VRA 15, 4)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	whitee		
ov. Fire		.K. 20	La Control
	interior.	r 411 for erand	nit, pristanimizar
. M. rayonal 629 00	A FEBRUARY MA	vojamota fazi eson.	STATE LOUISING
noine:	\$ manual .		
	oreal a manual		ok ok

Lan!

FOR

REGISTRAR

- STATE

DHMH - 16 50M 1/81 (VRA 15, 4)

INDUSTRY None 126 KIND OF BUSINESS OR CTYPE OF WORK FOR MOST OF WORKING LIFE 116 SCHOOLHOUSE POWELL Vernon S. Fisher Creagerstown, Md. APPROXIMATE INTERVAL RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20b IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 214. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY STATE our) opinion death occurred on the date and hour and from the causes stated Burial 1982 Blue Ridge Cemetery Thurmont Frederick Md Dailey & Son, P.A. Thurmont, Md.

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO

SP E DON'TH - V	the Facility i		RAKS
	The second	College	* market
		40.0	GARMAN
Burney and	L. William H. P. C.	engel kerne	A steamsteak
and streethers in			Towns of the second
PALABA	CHARLE HA	SYMPER.	Swaren
. ,	5190 400	35/1965	
AVM S S PRODU	ACTOR Seattle in the	Lancia and	
150 P.S. GALIS	WILAD IN	upa	
TWO PLANTS	- AUTTANGL	200	
	-314910	TOART	
D TARCHAG	-18 OF 11-	1/14 %	
2 / 2 1 - X			- 74-5
MANGEN CHAIN TENN			WHOE IT
See A See A	• ( )		

_	FOR T - STATE REGISTRAR			STATE OF MARYLAND  DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 2 0 1 / 1  CERTIFICATE OF DEATH  REG. NO.								
		CEASED NAME	FIRST #		MIDDLE		AST	2	DATE OF DEATH		AY YEAR	2b HOU
1		I/	lary	Be	elle	Flem	ing	2	Jan	13,19	82	63
	3. SE	× Female		4. RACE White	е	S. DATE O	DAY Y	EAR	AGE (IN YEARS LAST	BIRTHDAY) I	FUNDER I YEAR	HOURS
35		RTHPLACE (STATE OR FI	OREIGN		WHAT COUNTRY	? 8 MARRIE WIDOWE	D X NEVER MARRI		BALTIMORE CITY Carroll	OR COUNTY		
O brillied		TY OR TOWN OF DEA estminste		Carro	HOSPITAL, NURS	ng HOME (	ROTHER INSTITUTION	tal	20 USUAL OCCUPA TYPE OF WORK FOR MOS Housewi		12b KIND ( INDUSTRY	
mys be	13a. S	AL RESIDENCE (IF NURSI STATE ryland	13b. COUN	OTHER INSTITUTION	GIVE RESIDENCE BEFO	RE ADMISSION)	138 INSIDE CITY LIV		56945°W	s ood bir	ne Rd	•
Somine Co	14 FA	THER'S NAME Ezra		MIDDLE	Picket	t	15 MOTHER'S MAII Emma	DEN NAME			L/A	ass
medicol		VAS DECEASED EVER I (ES, NO OR UNKNOWN) NO		E WAR OR DATES	166. SOCIAL SEC 15-36-		17 INFORMANT Howard	A. F		6921	ine,	Md.
r, or other troumotic event		18 CAUSE OF DEATH PART I. DEATH W.  LIPER TO SET THE COURSE TO SET	AS CAUSE IMMEDIAT which nediate g the lost.	D BY: E CAUSE (o)  DUE TO, O  (b)  DUE TO, O  (c)	OR AS A CONSEQUENCE OF A CON	JENCE OF	estra / I			NIDITION GIVE		XIMATE INTER
ows ony injury	CERTIFICATION	19a DATE OF OPERAT					N WAS PERFORMED		200 AUTOPSY? YES NO	20b. IF YES,	WERE FINDI	INGS USE
or Item 18 sh	MEDICAL CER	21a. ACCIDENT WAS UND OR CONTRIBUTING C (IF EITHER NOTIFY MEDIC 21d. INJURY OCCURR	AUSE OF DEA	) P.		DAY YEAR	21c. HOW INJURY	OCCURRE	(ENTER NATURE OF IN	IJURY IN ITEM 18 PAI	RT I OR PART 2)	
orkedo	ME	WHILE NOT WHI	K	(AT HOME ST	REET, FACTORY, OFFICE	0	STREET		CITY OR	TOWN	COUNTY	5
n 21 is m		22a. I certify that (I) sow the decease above, (I) (we) (d	d olive on	Jon 1	3 19	05	nd that in (my) (our)	opinion dec	oth occurred on the	date and hour		that (I) (vectors store
NT: If Iten		22b. SIGNATURE	د حت	Ha	ney ;	mp			MEDICAL ST DIRECTOR PHYS	AFF SICIAN []	22c. DATE	SIGNED
APORTA		22d. PHYSICIAN'S NA	- (		RSHEY	, mo.	22e ADDRESS	ens	ct. was	Immo	ten, m	ud. 2

BP. DHMH - 16 50M 1/81

24 FUNERAL DIRECTOR Charles W.Burrier, Jr., Sykesville, Md. (VRA 15, 4)

1-15-1982

230 BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

23c. NAME OF CEMETERY OR CREMATORY
Morgan Chapel 23d. LOCATION CITY OR TOWN

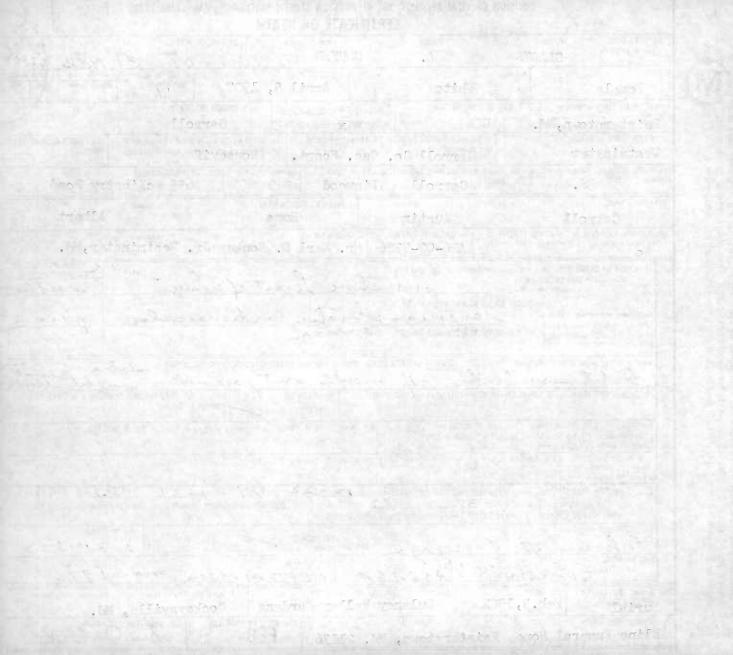
4.5	Brok		FIGT.	
Land Contract		The Late	2.4.	
etivasmi				
.us anichee (u.)		shidhonk	Lionen	fine Lynes
		22421024		erell
A CONTRACTOR OF THE PROPERTY O				
ALCOHOLD CONTRACT OF THE CONTRACT OF	A TIPE			
		1 - 1985		
Alogra				

			E OF MARYLAND	Q 9	0 1 7	2
1	FOR STATE REGISTRAR		EALTH AND MENTAL HYGI ICATE OF DEATH	REG. NO	0 1 /	1 2
	CEASED NAME FIRST	WIDDLE	AST			h HOUR
	Charle	es Leonard Gi	ARtrell		1-10-82	1550
3. SE		. RACE 5. DATE C		6 AGE   IN YEARS LAST BIRTH		F UNDER 24 HR
	1/Ale	White Sep	t- 24, 1916	65	YRS MONTHS DAYS	HOURS
	IRTHPLACE (STATE OR FOREIGN 7	b. CITIZEN OF WHAT COUNTRY? 8. MARRIEI WIDOWE		P BALTIMORE CITY OR	COUNTY OF DEATH	
10 C	ITY OR TOWN OF DEATH	NAME OF HOSPITAL, NURSING HOME OF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)		12a USUAL OCCUPATIO	ON 126. KIND OF I WORKING LIFE) INDUSTRIA	BUSINESS O
1	<b>Vestminster</b>	CARROLL COUNTY )	tospital	BANK M		nkin
130.	AL RESIDENCE (IF NURSING HOME ORD STATE 13b/COUNT CARR	THER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) Y 131, CITY OR TOWN	13d INSIDE CITY LIMITS? YES NO S	3 Obres	bt Rd.	6
14. F.	ATHER'S NAME	DDLE A LAST	15 MOTHER'S MAIDEN NAM	NE MIDDLE	O 1 (ASI	13.
14- 1	C PARIES (	5, GARTEII	Della	A 220 PEG	STAndenbu	Ray
		WAR OR DATES) 166 SOCIAL SECURITY NO.	17 INFORMANT	ADDRES	besicilly 1	MI
-	18 CAUSE OF DEATH (Enter poly	ane cause per line for (o), (b), and (c).)	CIARA GITA	criell oc	APPROXIMA BETWEEN ON	TE INTERVAL
	PART I DEATH WAS CAUSED	BY. CONVIN	gernic Sh	ofle	BETWEENON	-ACCA
	4100	DUE TO, OR AS A CONSEQUENCE OF	1	A 1		
	Conditions, if any, which	( b) A Celle M	yocardial	Infavel	on 6-6	row
	gove rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUENCE OF	rectir Hea	AT DIREC	We.	
z	PART 2 OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE OR COND	ITION GIVEN IN PART 1(0	
CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR WHICH OPERATION	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE FINDING	SUSED
TIER				YES TI NO NO	IN CERTIFYING CAUSES O	
CER	210. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR	21c. HOW INJURY OCCURRE	1 1		
CAL	OR CONTRIBUTING CAUSE OF DEATH	P.M. 19				
MEDICAL	21d INJURY OCCURRED	21e. PLACE OF INJURY  (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)	21f LOCATION	CITY OR TOW	N COUNTY	STATE
2	AT WORK NOT WHILE	(A. Ponte, Street, Pacifor), Office, Parm, Eleg				
	220.1 certify that (I) (this haspita		19.89	, to 1-10 -		ot (I) (we) lo
u Li	sow the deceased alive on above, (I) (we) (did) (did not)	view the body ofter death.	nd that in (my) (our) opinion d	eath accurred on the dat	e and hour and from the co	uses stated
	77h SIGNATURE		DEGREE	Constitution	22c. DATE SIG	-
	Tolinhachres	lu prapauns		MEDICAL STAFF DIRECTOR   PHYSICIA	AN [ 1-10-	-82_
	22d. PHYSICIAN'S NAME (TYPE OR	(RINT)	226 ADDRESS	nd- words	minetano	0116
-	CHITRACHEDU	NACANNA.	1146 Mai	11 11 . 0 581	Unideast D	2113
23a.	BURIAL, CREMATION, REMOVAL	236. DATE 23c. NAME OF C	EMETERY OR CREMATORY	23d LOGATION	A COUNTY . A	STATE
24.5	Durial	1-13-82 Late V	Un another	Suprell	e Carroll	Tha.
74 F	UNERAL DIRECTOR	12 / ADDRESS_11 ~		REC'D. BY REGISTRAR 2	SEGISTRAP'S SIGNATUR	2Ch

AND SHEET THE STATE OF THE STAT the formates a trained Points Heepitat - crak Marcal Franking Mid Board The Start Start Ford The Complete of Control 1911 that demonstrate AD - FIELDSEY Class seekell specially MA The second of th 

	1/11		OR	DEF		EALTH AND	MENTAL HYGIEN	E2 -3	017	1 6
-0	- 15th		STATE REGISTRAR				ICATE OF DEA	Size .	NO.	
	1	1. DE	EASED NAME FIRST	George MI	DDLE	/ LAST	Giles	20. DATE KNOWN		R 2b. HOUR
	2 × × × ×	(TYP	GR PRINT) GEO.	X		UII/E	501163	OF ESTI-	□ / 3/ 1982	5PM
	1	3. SEX	4 RACE	S. DATE OF BIRTH	YEAR LAST BIRTHDA			2c. DATE PRONOUNCED	MONTH DAY YE	
	THEAD	1	9 W	11111	20 61 YR	The state of the s	HOURS MIN.	DEAD	JAW 31 198	2 605PM
	MAN TO G		THPLACE (STATE OR EIGH COUNTRY)	76. CITIZEN OF WHAT	COUNTRY?	MARRIED T	NEVER MARRIED	9. BALTIMORE CITY	OR COUNTY OF DEATH	
	A A A A A A A A A A A A A A A A A A A	A	4.	11-	> .	WIDOWED -	DIVORCED 🗍	Carroll	County	MD.
	AY IS THE AGE FILED	10. SI	Y OR TOWN OF DEATH	11. NAME OF HOSPITA	AL, NURSING HOME, (, GIVE STREET ADDRESS)	OR OTHER INSTIT		AL OCCUPATION (T	YPE OF WORK T2b. KIND OF OR INDU	BUSINESS
		0	187minster		liam Ave		Reti	red Super	visor Balt.	G & E
5	FETAIN PELS	13a. S	ATE 136 COUN	TY INSTITUTION, GIVE RE	SIDENCE BEFORE ADMISSIO		E CITY LIMITS? 13e. STRE	EET ADDRESS	11.	
212	SHOUL		Ma CA	nnole &	Vestmusi	YES [		5 Willia.	m HVI	
MD.	GES 1, 2, M PM 3.	14. FA	THER'S NAME FIRST	MIDDLE	LAST	15. MOT	HER'S MAIDEN NAME	MIDDLE	LAST	
RE,	OOF WAS GES		Frederick	G	Giles	17 15 15 0	Barbara	40000	Fritch	
MO	FTER DE FORM FORM ON OF			WAR OR DATES)	b. SOCIAL SECURITY			ADDRES	55	
W. PRESTON ST., BALTIMORE, MD. 21201	URS AFTER B. GIVE PA WITH FOI DIVISION		Yes WW		219-03-55	49 Mrs	Elaine A	Giles	Same	
F. B		173	18 CAUSE OF DEATH (Enter on PART I DEATH WAS CAUSEI	ly one cause per line for DBY:	(a), (b), and (c).)	1	117	1	APPROXIA BETWEEN O	NATE INTERVAL
NO.	124 HO ITEM 1 ALONG PERMII GIENE,	7.7	LL I IMMEDIA		A CONSEQUENCE O	g cay	era un	javeno		
EST	THIN YER A KINSIT AL HYC		Conditions, if any, which	DOE TO, OR AS	> ) O	/	6			
9	PENCII PENCII AMINE L-TRAN ENTAL		gave rise to immediate cause (a) stating the under-	(b) DUE TO OR AS	A CONSEQUENCE O	F				
2	E 7 X 4 2 0		lying couse last.		TO THE GOLDEN					
DIVISION OF VITAL RECORDS, 301			PART 2 DTNER SIGNIFICANT CONDITIONS	(c)CDNTRIBUTING TO DEATH BUT I	OT RELATED TO THE TERMI	IAL DISEASE OR CONDIT	ION GIVEN IN PART 1 (a)			
0.00	"PENDING" "PENDING" EF MEDICAL SED AS A BU HEALTH ANI CREMATION	NO								
REC	HEF A USED , CREA	CERTIFICATION	19a. DATE OF OPERATION	19b. CONDITION	FOR WHICH OPERA	TION WAS PERFO	DRMED?		20. AUTOP	SY?
IAT!	ATE SHOU THE CHIEL TO BE USE AENT OF H BURIAL, C	TIFIC		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					YES [	] NO []
OF.V	CATE WE THE WILD B		210. EXTERNAL CAUSE WAS UNDERLYING OR	21b. TIME OF IN. HOUR A.M. M		21c. HOW INJUI	RY OCCURRED (ENTER N	ATURE OF INJURY IN ITEM	18 PART 1 OR PART 2)	The contract of
ON	E F C C S F	CAL	CONTRIBUTING CAUSE OF I		19					
IVIS	S S S S S S S S S S S S S S S S S S S	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE	21e. PLACE OF II STREET, FACTORY,		21f. LOCATION STREET		CITY OR TOWN	COUNTY	STATE
۵	WR WR VAR AGE		AT WORK AT WORK							
	FR: ATE, PR:		22a. I certify that I took charg	e af the remains describ	ed obove, held an	Autopsy .	Inspection .	Inquiry .	and in my opinion	
	MIN FIFTO BE CTC TH TH TH TH		death resulted from Natur	al causes Ac	cident , Suid	ide	micide . Undete	ermined monner	],	
	EXA CER ULD DIR WIT	0.5	ACTUAL LIAM	218	11.	TITLE	(SPECIFY)		DATE TO	1. 100
	CAL THE SHO SHO ATH, RE, N	100	SIGNATURE A PERIOD	1 jour	fun	M.D	MED	ICAL EXAMINER	SIGNED 31 JU	ruge
,	MADE INTE	-	EXAMINER'S NAME	sw 14.16=	MIREIN	ADDRESS	Wesm	SINSTE	e Mo	
	TO MEDICAL EXAMINER: 1 EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORV. TO FUNERAL DIRECTOR: 9 AFTER DEATH, WITH THE ST BALTIMORE, MARYLAND, 21:	23a. B	(TYPE OR PRINT)	3b. DATE	123c. NAME OF CEM	ADDRESS ETERY OR CREMA	TORY 123d. LO	CATION	7	
2	BP	(5	Burial	2/4/82	Parkwo				COUNTY	STATE
	DHMH - 17		INERAL DIRECTOR				25a. DATE REC'D. BY	REGISTRAR 25b. RE	GISHAR'S SIGNATURE	
	(VR A15 ME (5)) 15M 7/77		Leonard J Ruck		more, Mar	yland	FEB 2	1982 An	m garles	der .

MAKTLAND STATE DEPAKTMENT OF HEALTH



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

LAST

REG. NO

JAN 26

FOR - STATE

DHMH - 16 50M 1/81

(VRA 15, 4)

REGISTRAR

The state of the s Thomson the state of the state in the same continues of the continues of the same of Will to tropped to the transfer of the transfe SAME TO SEE STATE OF THE SECOND OF THE SECON

	age 4 m	The state of
	death. P	100
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	10 HOSPITAL OR ATTENDING PHYSICIAN. The low requires that the death certificate be executed within 24 hours ofter death. Page 4 m.	TO FUNERAL DIRECTOR. After the certificant has been signed by the oftending physician and completely filled in the funerant should be detacted for use on the funeral permit. Then please remove corbon papers, Pages 1 and 2 should be filled with
	ВР	

		REGISTRAR  CEASED NAME FIRST E OR PRINT)	WIDDLE	LAST	TE OF DEATH	REG. NO.  20. DATE OF DEATH MONTH	DAY YEAR 2b
	3 SE	* m	1. RACE	5 DATE OF BIR	THE DAY, YEAR	6. AGE (IN YEARS LAST BIRTHDAY)	9-82 ( IF UNDER I YEAR IF MONTHS DAYS HO
13/	Ja 8	Maryland	76 CITIZEN OF WHAT COUN	TRY? 8 MARRIED WIDOWED	NEVER MARRIED DIVORCED	9 BALTIMORE CITY OR COUN	
philad	9	Tetniste	11. NAME OF HOSPITAL, NI (IF NOT IN SUCH FACILITY, GIVE Carroll Co	URSING HOME OR OT STREET ADDRESS) General		12g USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING Farmer-Reti	12b, KIND OF BI
#35	Ma	ryland Car	orother institution give residence unity	iry 13d.	INSIDE CITY LIMITS?	13e. STREET ADDRESS 6006 Ridge	Road
Calol	14 1	ATHER'S NAME  K. E1	agene Gre		Margare		Klee
medicol	160 \	WAS DECEASED EVER IN U.S. A YES, NO OR UNKNOWN) (IF YES, O	CHIE WILL OR OLIVE		NFORMANT	een, Same As	#13
r to burial, cremotian, ar remov injury, ar other troumatic event	NOI	Conditions, if any, which gave rise to immediate couse (a), stating the underlying couse last.	Only one cause per line for (a), (b)  EXEMBLE CAUSE (a)  DUE TO, OR AS A CONS  (b)  DUE TO, OR AS A CONS  (c)  T CONDITIONS CONTRIBUTING	PORESTIA PONTENCE OF CO EQUENCE OF CO	MIA- PD RELATED TO THE TERMI	ARCEST  NAL DISEASE OR CONDITION (	APPROXIMATI BETWEEN ONSE  30  45  45  GIVEN IN PART 110
ene prio	CERTIFICATION	19a DATE OF OPERATION	19b. CONDITION FOR W			YES NO NO IN CER	YES, WERE FINDINGS TIFYING CAUSES OF YES
ked or hem 18	MEDICAL CI	110. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF C (IF EITHER NOTIFY MEDICAL EXAMIN THE NUTRY OCCURRED WHILL		19 211	LOCATION STREET	ED (ENTER NATURE OF INJURY IN ITEM	COUNTY
Nem 21 is mor	4	saw the aboused alive of	pital ettender his deceased from	am 82, and the	CAE .	eath accurred an the date and h	, 19 that
-	1	278 PHYSICIAN'S NAME (TH	OB FRINTI	27e	PHYSICIAN	DIRECTOR PHYSICIAN	177/
MPORTANT: #	73a F	Burial, cremation, remova Specify) Burial	1-12-1982	23c NAME OF CEMET	EDY OD CDEALATORY	123d. LOCATION	

Note that me receive it some force and the Alery, Carrell, 2d. marker of the State of the Stat

	STATE OF MARYLAND
FOR	DEPARTMENT OF HEALTH AND MENTAL HYGI
- STATE	CERTIFICATE OF DEATH

IENE

3	2	0	1	1	2	0

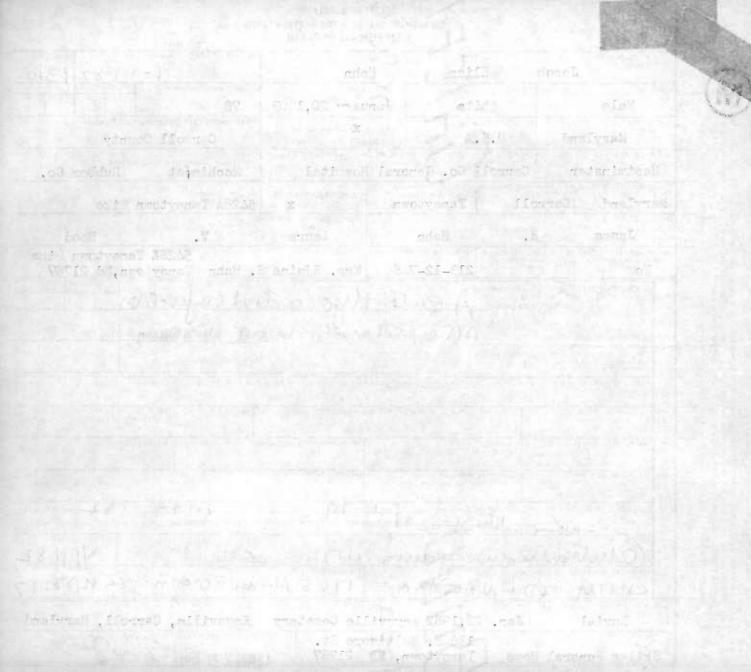
REGISTRAR			CERTI	FICATE OF DEATH	REG. NO		
1. DECEASED NAME	FIRST	WIOOFE		LAST		MONTH DAY YE	AR 2b. HOUR
(TYPE OR PRINT)	Jacob	Elias	I	Hahn		1-19-8	2/13/0
3 SEX	4	RACE		OF BIRTH	6. AGE (IN YEARS LAST BIRTH		YEAR IF UNDER 24 HRS
Male		White		huary 20,1903	78	YRS.	
Ta. BIRTHPLACE ISTATE		CITIZEN OF WHAT	OUNTRY?	ED X NEVER MARRIED	9 BALTIMORE CITY OF		н
Mary		U.S.A	WIDOW			ll County	٨
Westmins	ter	Carroll Co	. General	OR OTHER INSTITUTION Hospital	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF Machines)	WORKING LIFE INDUS	ber Co.
Maryland	13b. COUNTY Carro		TY OR TOWN	13d. INSIDE CITY LIMITS? YES NO X	13e STREET ADDRESS 5428A Tanes	ytown Pike	
James	Ř		Hahn	15. MOTHER'S MAIDEN NAM	WIDDIE		Hood
160 WAS DECEASED E	EVER IN U.S. ARME (IF YES, GIVE W	(AR OR DATES)	-12-7484	Mrs. Edwina S	ABA 542 6. Hahn Tar	28A Taneytown, Md	own Pike
PART 2. OTHER  19a DATE OF OP  21a. ACCIDENT WA				T NOT RELATED TO THE TERM  DN WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FI	NDINGS USED
I I					YES NOT	IN CERTIFYING CAL	
W 21a ACCIDENT WA					152 110	120	NO 🗌
OR CONTRIBUTION	S UNDERLYING CAUSE OF DEATH	21b. TIME OF INJUR HOUR A.M. MO	ONTH DAY YEAR	21c. HOW INJURY OCCURR			
OR CONTRIBUTING (IF EITHER, NOTIFY)  21d. INJURY OCC	CAUSE OF DEATH	P,M. 21e. PLACE OF INJU	ONTH DAY YEAR 19			Y IN ITEM 18, PART 1 OR PAR	T 2)
OR CONTRIBUTING (IF EITHER, NOTIFY)  21d. IN JURY OCC WHILE NATWORK NATWORK NATWORK  22a. I certify the	CAUSE OF DEATH MEDICAL EXAMINER)  CURRED OIT WHILE AT WORK  Of (1) (this haspitol	P,M. 21e. PLACE OF INJU	ONTH DAY YEAR 19 URY ORY, OFFICE, FARM, ETC.)	2H. LOCATION STREET  2H. LOCATION STREET  19 ond that in (my) (aur) opinion of DEGREE	ED (ENTERNATURE OF INJUR  CITY OR TOW  10 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9	N COUNTY  19 8 7  10 and hour and from 22c. D	STATE
OR CONTRIBUTING (IF EITHER, NOTIFY)  21d. IN JURY OCK  WHILE AT WORK  220. I certify the saw the de obove. (I) (V	CAUSE OF DEATH MEDICAL EXAMINER)  CURRED  OIT WHILE  AT WORK  OIT (I) (this haspitol  Ceased alve an medical did not):	HOUR A.M. MO P.M. 21e. PLACE OF INJU (AT HOME, STREET, FACT.	ONTH DAY YEAR 19 URY ORY, OFFICE, FARM, ETC.)	2H. LOCATION STREET  19 ond that in (my) (aur) opinion of DEGREE  ATTENDING PHYSICIAN IN	ED (ENTERNATURE OF INJUR  CITY OR TOW	N COUNTY  19 \$ 22t. D	STATE  that (I) (we) la
OR CONTRIBUTING (IF EITHER, NOTIFY)  21d. IN JURY OCK  WHILE AT WORK  220. I certify the saw the de obove. (I) (V	CAUSE OF DEATH MEDICAL EXAMINER)  CURRED OIT WHILE AT WORK  Of (1) (this haspitol	HOUR A.M. MG P.M. 21e. PLACE OF INJU (AT HOME, STREET, FACT.  1) ottended the deceo	ONTH DAY YEAR  19  JRY ORY, OFFICE, FARM, ETC.)  seed from 19  20  20  20  20  20  20  20  20  20  2	211. LOCATION STREET  and that in (my) (our) opinion of DEGREE  ATTENDING PHYSICIAN (1)  22e ADDRESS	CITY OF TOW  teath accurred an the da	N COUNTY  19 9 9 19 19 19 19 19 19 19 19 19 19 19	STATE  Lithor (I) (we) land the causes stated of the SIGNED   ATE SIGNED
OR CONTRIBUTING (IF EITHER, NOTIFY)  21d. IN JURY OCK  WHILE AT WORK  220. I certify the saw the de obove. (I) (V	CAUSE OF DEATH MEDICAL EXAMINER)  CURRED  OF WHILE  OF (I) (this hospitol  COSSEGUE OF THE COSSEGUE)  S NAME (TYPE OR PI  THE COSSEGUE)  ON, REMOVAL	HOUR A.M. MG P.M. 21e. PLACE OF INJU (AT HOME, STREET, FACT) 1) oftended the deceo view the body after de RINT) 123b. DATE	ONTH DAY YEAR  19  JRY ORY, OFFICE, FARM, ETC.)  Seed from 19  20th. 19  ANNA  23c NAME OF c	2H. LOCATION  STREET  19  and that in (my) (aur) opinion of physician in physician	CITY OR TOW  CITY OR TOW  death accurred on the do  MEDICAL STAF	Carroll,	state  ATE SIGNED  Marylan  State  Marylan

Taneytown, MD

DHMH - 16 50M 7/77 (VR A 15 (4))

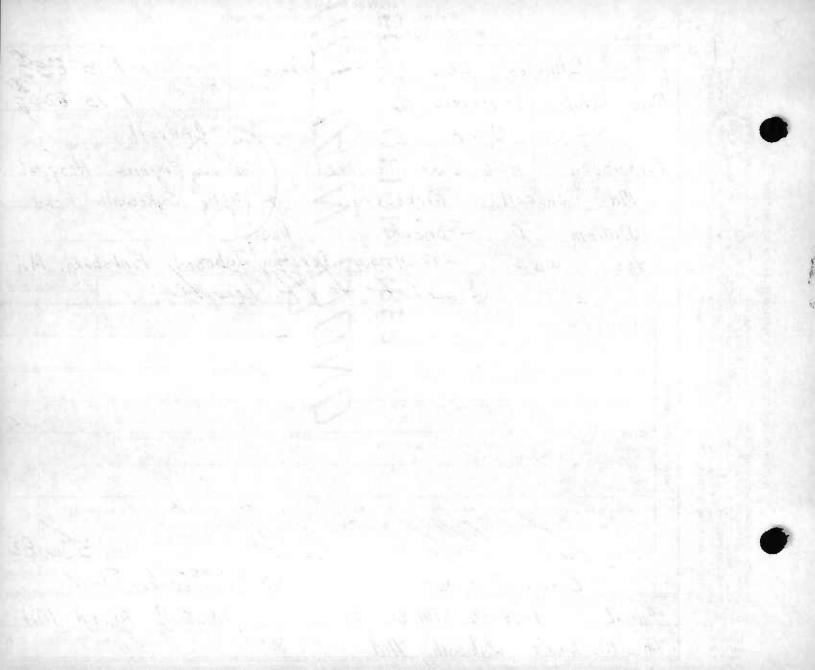
Skiles Funeral Home

TO FUNERAL DIRECTOR. After this certificate has been signed by the animal should be detached for use as the burial-transit permit. Then pleate remove a with the State Dept. of Health and Mental Hygiene prior to burial remaining



there and come former former when there are determined to The second secon The second of th a section of the sect

/		/		STATE OF MARYLAND	
*			FOR STATE	DEPARTMENT OF HEALTH AND MENTAL HYGIENS	
	as		REGISTRAR	MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.	
	XX	1. DE	EASED NAME FIRST	MIDDLE LAST 20. DATE KNOWN MONTH DAY YEAR 26 HG	<b>P</b> R
- No	1484	(11)	Charle	es Lee Johnson DEATH MATED 1 1518 825	
A S	장등등문	3. SEX	4 RACE 5. D	DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS. 24. DATE MONTH DAY YEAR	M
20	ST 15	10	3-) (1)1·/	MONTH DAY YEAR (AST BIRTHDAY) MONTHS DAYS HOURS MIN, PRONOUNCED	2
3.5	2020	7- 0	RTHPLACE (STATE OR 76.	6 - 11 - 1925 56 YRS. DEAD 5 1823 B. CITIZEN OF WHAT COUNTRY? 8. DEAD 9. BALTIMORE CITY OR COUNTY OF DEATH	. M
A A	能量了八	FC	REIGN COUNTRY) N. C.	MARRIED NEVER MARRIED	
影	37871	10.0		U.S.A. WIDOWED   DIVORCED   CARROT	MD
104	を言うつ	IU. CI	TY OR TOWN OF DEATH	1. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION  (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)  1. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION  (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)  OR INDUSTRY	5
25	2 2 2 2	1	INKSburg	4016 Sykesville Road Stationogy Engineer Hospital	
10 2	RETAIN 9)	USUA 13a. S	L RESIDENCE (IF IN NUM ING HOME OR OTH	OTHER INSTITUTION, GIVE RESPENCE BEFORE ADMISSION)	
21201 ANY	\$ 5 Q \$ C \$		TATE Md. MISS COUNTY	cll Finksburg YES NOB 4016 Sykesville Road	
MD.	A 4 3.	14, F/	THER'S NAME	15, MOTHER'S MAIDEN NAME	
DEATH.	25 (CC		FIRST ME	D. Johnson Last	
S D	2840 —	160 V	VAS DECEASED EVER IN U.S. ARMED		
BALTIMORE,	NIEM 18. GIVE PAGES 1, 2, AND 3 ALONG WITH FORM PM 3. BTAIN IT PERMIT. PAGES 1 AND 2 S DUID IT PERMIT. PAGES 1 AND 2 S DUID IT PAGES 1 AND 3 S DUID IT	(Y	ES, NO. OR UNKNOWN) (IF YES, GIVE WAR	I 242244964 Derothy Johnson, Finksburg, Me	1
× 8	PESS				1
4ST., B	E A S S		18 CAUSE OF DEATH (Enter only on PART I DEATH WAS CAUSED BY:		EATH
PRESTON ST	A HE ROSE		G - IMMEDIATE CA		1.5
EST	SIT		1337	DUE TO, OR AS A CONSEQUENCE OF	
V. PRES	IN PENCIL IN EXAMINER A RIAL - TRANSIT D MENTAL HY ON, OR REMO	-	Canditians, if any, which gave rise to immediate	(b)	
. w.	N N N N N N N N N N N N N N N N N N N		cause (a) stating the <u>under</u> - lying couse last.	DUE TO, OR AS A CONSEQUENCE OF	
	O S E E	110	17 119 00030 1031.	(c)_	
RECORDS, 201 V	PENDING IN PENCIL IN IEM IS F MEDICAL EXAMINER ALCONG ED AS A BURIAL -TRANSIT PERMIT HEALTH AND MENTAL HYGIENE, IL CPEMATION, OR REMOVAL.		PART 2 OTHER SIGNIFICANT CONDITIONS CONTR	ATRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).	
0 7	AS A BU AS A BU CREMA	S			
2	7 5 7 7	CERTIFICATION	19s DATE OF OPERATION	196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 28. AUTOPSY?	
VITAL RE	当場の名	E		YES 🗆 NOZ	1
Y		1	214 EXTERNAL CAUSE WAS	THE TIME OF INJURY IN HOW INJURY OCCURRED LENGTH NATURE OF HUBBER HETCH OR PART TO BEART TO	-
NOF	## 35 E		UNDERLYING GOR	HOUR A.M. MONTH DAY YEAR	
DIVISION	PAST C	MEDICAL	CONTRIBUTING CAUSE OF DEAT	THE PLACE OF INJURY (ATHOM) 211 LOCATION	_
≥ B	23.00	포	section 6	STREET, FACCION: FARM, ETC.) STREES CITY ON TOWN COUNTY BEA	ATE .
HIS	A A A A A A A A A A A A A A A A A A A		AT WORK AT WORK		
e :	E SI		27s I certify that I took charge of	of the remains described foode, held of Autopsy . Inspection Inquiry ond in my opinion	
N.	5.55		death regulted from Nation Co	causes .   Academ . Suicide . Hongicide .   Undetermined manner .	
3	D S S			TITLE SPECETY!	-
9			ACTUAL SIGNATURE	See Series DATE Sun 8	Z
₫:	E E E E E	1	1) 1	A LA COMPANY MEDICAL EXAMINER SIGNED	_
Q.	24 <b>2</b> 5	1	EXAMINER'S NAME	woll Nowos Iffe Leton Del	
0	S S S S S S S S S S S S S S S S S S S	22. 0	JRIAL CREMATION REMOVAL 23h D	DATE 131, NAME OF CEMETERY OF CREMATORY 1734 LOCATION	
-	EXECUTE THE CERTIFICATE, WRITING THE WORD TENNE ADDRESS AS ADOLD BE FORWARDED TO THE CHIEF MEE TO FUNKAL DIRECTOR: PAGE 3 SHOULD BE USED AS AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALT BALTMORE MARVIAND, 21201 PRICKTO BURIAL CREATION.	114.0	Z'	DATE 131. NAME OF CEMETERY OF CREMATORY 134 LOCATION SOUNTY SALE	
BI	P	24.5	JNERAL DIRECTOR	1 1% DAY DECK BY DESIGNATION OF THE PROPERTY O	
	DHMH - 17	14.1	NAME V.1 VI. IL	ADDRESS MAN 1 8 1982	
	A15 ME (5) )	_1	Yarry W. Haishit	Sykianth 111a. JAN 10 1002	

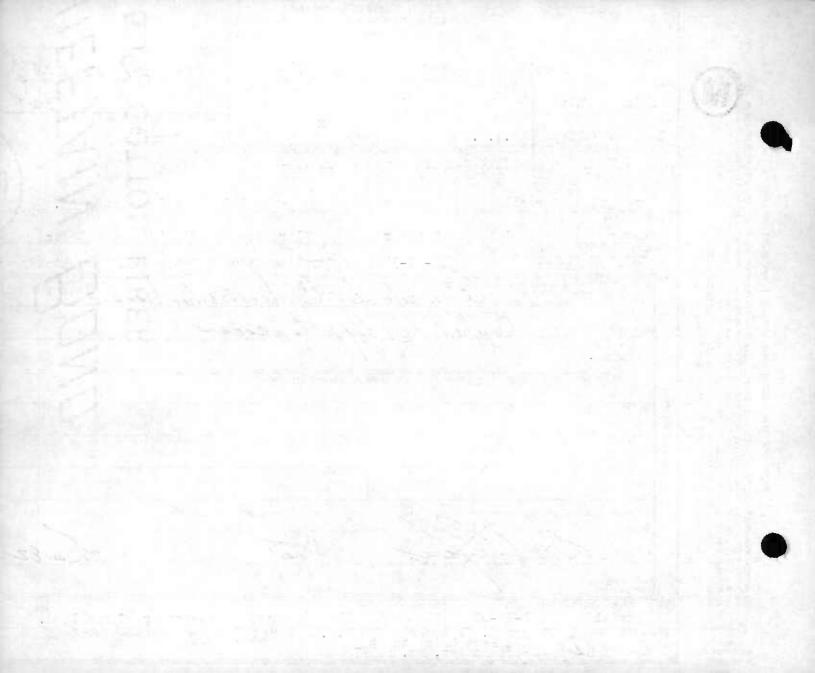


STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

- STATE

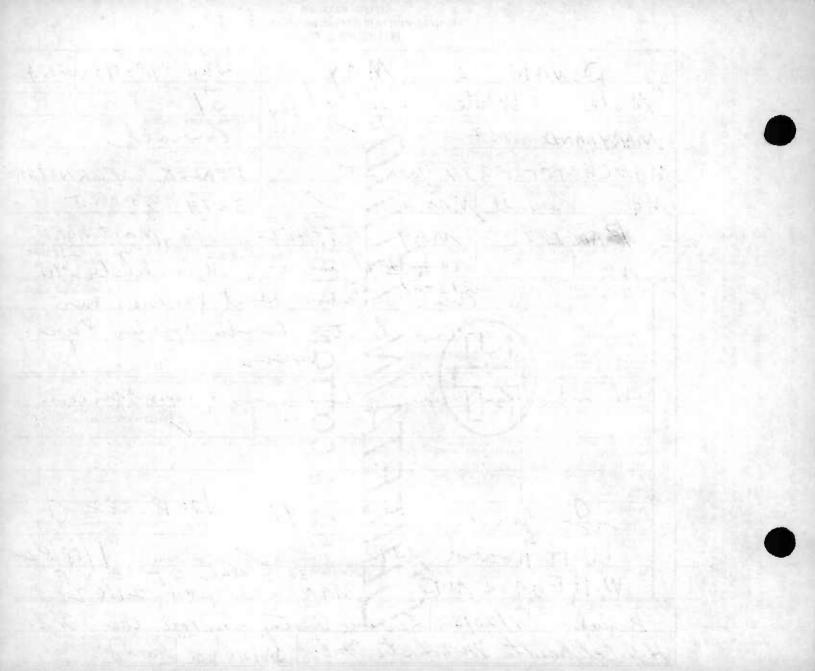
	\$30. T. 1082				
		N 1	. 1158		
	Carroll Co			E.7.3.	brail the
	nelaks/or)			oll flo	d minusel
. 4	por pirmi neg			1 4 1	
		stens	39	TT LINE	
	Street Treet Street	A ROYOLO			
	, transfer (or		objel Velilys		njeus O nation

107	11-	FOR STATE REGISTRAR		DEPARTMENT OF HEALTH AND MENTAL HYGIENS 2 0 1 / 2 4  MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.											
W.	1. DE	CEASED NAME	FIRST Mart		MIDDLE avmond		1	LAST	_	2a. DA	TE KNOWN OF ESTI- ATH MATED		-1	YEAR 26	-4
(M)	3. SEX		ACE	S. DATE OF BIRTH		6. AGE (IN YE.	Y) MONT		IF UNDER 24	4 HRS. 2c. D	OATE OUNCED EAD	нтиом	DAY	982 6	7/5
P PRESSAL	FO	RTHPLACE (STATE REIGN COUNTRY)	aley	76. CITIZEN OF W	HAT COUNT		R		VER MARRIED DIVORCED		Cari				
ELAY IS TO THE F I PAGE BE FILED	) Ve	ty or town of stminster	r	11. NAME OF HO	Count	y Gene	rl	er institut Hospit		FOR MOST OF	CUPATION ( WORKING LIFE)  ninist		Die Die	OF BUSIN	17
AND 3 AND 3 SHOULD RECORD	13a S	LERESIDENCE (FIN TATE Maryland	13b. COUN	or other institution, of the cold	13c CITY	Stming		13d INSIDE (I	ITY LIMITS? 1	30. STREET AL	DORESS	chard	Son F	d.	
., BALTIMORE, MD, 21201  JRS AFTER DEATH. IF ANY DELAY IS  B. GIVE PAGES 1, 2, AND 3 TO THE F WITH FORM PM. 3. RETAIN PAGE  T. PAGES 1 AND 2 SHOULD BE FILED  DIVISION OF WATER PRECORDS, 2011		Aaron		MODIE Daniel	Le	asi ister		FI	R'S MAIDEN		MIDDLE Virgin		De	sitz	
N ST., BALTIMC HOURS AFTER I M 18. GIVE PAR NG WITH FORI	16a. V	VAS DECEASED EVES, NO, OR UNKNOWN)		MED FORCES? WAR OR DATES)	16b. SOC 217	97-345		Carol		aRue Le	ADDR Dister	1	Tast	Richa	1
BIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. 2120 S CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY RITING THE WORD "PENDING" IN PENCIL IN ITEM 18, GIVE PAGES 1, 2, RETA RED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM 3. RETA RETA SHOULD BE USED AS A BURIAL. TRANSIT PERMIT PAGES 1 AND 2 SHOUL E DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OF WHAT RECO ON PRICE TO THE CHEMATION, OR REMOVAL.	z	couse (a) sto lying couse le				EO TO THE TERM	11		N GIVEN IN PART				1		-
SHOULD BE OND "PEND CHIEF MED BE USED AS AN TOF HEALTH HOURIAL, CREATED AND WINDLY, CR	CERTIFICATION	19a. DATE OF OP	ERATION	19b. COND	ITION FOR V	VHICH OPER	ATION W	AS PERFOR	MED?					TOPSY?	
CERTIFICATE SHO CERTIFICATE SHO TITING THE WORD DED TO THE CHIE SE SHOULD BE US DEPARTMENT OB BURL OF THE CHIE	MEDICAL CER	21a EXTERNAL C UNDERLYING CONTRIBUTING	OR CAUSE OF	DEATH P./	M. MONTH	19			OCCURRED	LENTER NATURE	OF INJURY IN ITEM	A 18 PART 1 OR F			
DIVIS THIS CER' WARDED PAGE 3 SI TATE DEP	MED	216. INJURY OCC WHILE NAT WORK A	OT WHILE C	STREET FAC	OF INJURY STORY, FARM, ET	(AT HOME		CATION		CITY	OR TOWN	c	OUNTY		
TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AF EXECUTE THE CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AF EXECUTE THE CERTIFICATE. WRITING THE WORD. "PENDING" IN PENCIL IN 11EAN 18. GIV PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL. "TRANSIT PERMIT. PAGENERAL, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OR, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL.	2	death resulted to	Och.	ge of the remains de ral causes	Atgribent		Autop	Α	Inspection and	Undetermine  MEDICAL E		and in my o		Jan 8	3
BP———BAR	(5	JRIAL, CREMATION PECRY) Burial INERAL DIRECTOR	N, REMOVAL 2	1-29-82	Pl	AME OF CEA	Val	ley Ce	emetery		minste		Sroll	Md.	-
DHMH - 17 (VR A15 ME (5)) 15M 2/80	8	the 1	tel	254 Empire	Terche Main ster, 1	dtree	157	10	25a. D. T. R.	D BY REC	302	THE PARTY OF	To this	Manager.	_



all this was like to the second to the secon 1-26-82 PHILIPS Descript 1 Hillers Carroll Md. Mine whereas here, Mangates, id. 2374

13	1.	FOR STATE	DEPAR	MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE & Z	0 1 / 2 6
	1.05	REGISTRAR CEASED NAME FIRST	1 MIDDLE	LAST	REG. NO.	DAY YEAR 25 HOUR
ay be age 3 death	(TYP	CEASED NAME FIRST PROPERTY OF A PRINT)	1 1	MAY	20. DATE OF DEATH MONTH	P-1982 1230 A.
i i	3. SE		4. RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR IF UNDER 24 HRS
age 4		Male	W wie	4/ 9/1936		S
72 ho	Ya. B	RTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY	MARRIED LEVER MARRIED	9 BALTIMORE CITY OR COUN	
y the functed within	10. C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STRE	WIDOWED DIVORCED ING HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKIN	12b. KIND OF BUSINESS OR
0 -0	1	1ANCHESTE	- 3274 4	ORK ST.	PEALER	FURNITUR
filled in ould b	13a.	STATE 136 COUN	OTHER INSTITUTION, GIVE RESIDENCE BEFORM  13; CITY OR TO	WN 13d INSIDE CHI LIMITS?	13. STREET ADDRESS 4	orkst
ompletely and 2 sh	74. F	THER'S NAME	MIDDLE LAST A	15. MOTHER'S MAIDEN N  4  F. FIRST EL	AME MUDDLE	NASENTORE
n and can Pages 1 c			MED FORCES? 166. SOCIAL SEC	URITY NO. 17 INFORMANT L	llion ADDREST	dy 21102
cian a ers. Pa I.		NO	A 1 46	30 stylyonh St	Manue	reiter Md
rtificate physic anpape emaval event, th		18. CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE IMMEDIAT	D BY: TE CAUSE (a)	Congertere A	Part Failer	BETWEEN ONSET AND DEATH
ath ce ending carbo in, or r matic	M	4292	DUE TO, OR AS A CONSEQ	JENCE OF	andi ilasa	la 8una
the de he att emave emave		Conditions, it only, which gave rise to immediate cause (a), stating the	DUE TO, OR AS A CONSEQ	IENCE OF	- ence our e	and of the
that the do by the lease rerial, crem		underlying cause last.	(c)	poor	are.	
equires n signe Then p ta bur injury, a	NO	PART 2. OTHER SIGNIFICANT O	Least Ruses	DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CONDITION	GIVEN IN PART 1(0)
n. nos bee permit. ne prio	CERTIFICATION	190. DATE OF OPERATION	196. CONDITION FOR WHIC	H OPERATION WAS PERFORMED		YES, WERE FINDINGS USED RMFYING CAUSES OF DEATH
hysicia fireate h fransit Hygie 18 sho	CERT	21a. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY HOUR A.M. MONTH	21c HOW INJURY OCCU	IRRED (ENTER NATURE OF INJURY IN ITEM	YES NO 18 PART 1 OR PART 2)
HYSICIA nding ph nis certifi burial-ti I Mental	MEDICAL	OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER	P.M.	19		
	MED	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	FARM, ETC.) 211. LOCATION STREET	CITY OR TOWN	COUNTY STATE
NDING Polling Parter the NS After the Use as the Health and Is marked		1	ton attended the deceased from	June 1944	10 Jan 18	
ATTE naspite ECTO ed for st. of t		saw the lecease live an obove, (I) (w ) (did) (did no 22b. SIGNATURE	1) iew the body after death.		n deoth accurred an the date and	
TAL OR TAL OR SAL DIR detach		WH	Tiourd,	MD ATTENDING PHYSICIAN	MEDICAL STAFF	22¢ DATI SIGNED
TO HOSPITAL retained by the TO FUNERAL should be detinished by the State with the State MPORTANT:		22d PHYSICIAN'S NAME (TYPE O	PRPRINT)	22e ADDRESS 3 2 2	3 Main St	BOYE
short with		SURIAL, CREMATION, REMOVAL	236. DATE 23c	NAME OF CEMETERY OR CREMATORY	23d. LOCATION	2/107
BP		Burial	1/20/82 0	inetoro Cemetro	y Linestoro	Car. mel.
DHMH-16 30M 2/80 (VRA 15, 4)	24 F	UNERAL DIRECTOR	It manit	ester Indi	TE REC'D, BY REGISTRAR 256, REC	SISTRAP'S SIGNATURE
	-	11 00101			118 % JOC 1700	



6	-	ems #18 FOR STATE	a-22a Fi	ilm G565	DEPART	MENT OF H	EALTH	AND MI	ENTALH		A COM	0	1 7	2	1
	E	REGISTRAR	FIRST	ME	MIDDLE	EXAMINE	R'S C	ERTIFIC	CATEO	F DEA	KEO.			W# - 8	D
W		E OR PRINT)					0.4				OF ESTI- DEATH MATED	MONTE		YEAR	2b HOUR
PLEAS ECTOR FILES STREET	3. SE)		Warre 4. RACE	5. DATE OF BIRTH	Fran	6. AGE (IN YEAR		C Elra	IF UNDER	24 HRS.	2c DATE	MONTH	3 DAY	19 82 YEAR	2d. HOUR
72 KE	m	ale	white	9 26	56	25 YRS	MONTH		HOURS	MIN.	PRONOUNCED DEAD	1	31	19 82	8:3QF
13 15 7	70. BI	RTHPLACE (ST	ATE OR	76. CITIZEN OF W			MAPPI	ED NE	VED ALADDI	ED 57	9. BALTIMORE CIT	Y OR COU			0.00
関係をつ	Ma	aryland		U.S.A			WIDOW	-	DIVORCI		Carro	011 0	ount	٧	MD.
PACE PACE	M	It. Airy	y	11 NAME OF HO (IF NOT IN SUCH F 2529	Grim	ville Ro	ad	ER INSTITU	TION	FORA	JAL OCCUPATION ( AOST OF WORKING LIFE) NEMAN		OR	ND OF BUSTR INDUSTR Ltec	cable
AND 3	13a. S	TATE  ryland	13b COU!	or other institution of NTY. timore	13c. CIT	e before admission of town dlawn	)	13d. INSIDE CI Yes 🗌	NO XX		eet address 08 Gregor	y Ave:	nue	2120	7
MO 25 3 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	14. FA	ATHER'S NAME		MIDDLE		LAST		15. MOTHE	R'S MAIDE		WIDDLE		ı	LAST	
A SEE A		Frank				Elroy	10	IV. INFORA			1000	***	Cro	ook	
F., BALTIMORE URS AFTER DEA WITH FOR WITH FOR PIT. PAGES 1 AN	160. V	ES, NO, OR UNKNO	DEVER IN U.S. AF	RMED FORCES?		-62-305					ADDRI			21207	
JRS A GIV		NO 18. CAUSE O	E DEATH /Enter o	nly ane cause per lin				Tva	MCETL	Oy 1	108 Grego	I y Ave		PROXIMATE	INTERVAL
HOU WA 18 VG V G V C. L.		PARTIDE	ATH WAS CAUSI		arcot								BETW	VEEN ONSET	AND DEATH
ST ON A LOS OVA	W	304	9 IMMEDIA		RASAÇO	NSEQUENCE OF									616
PRES GIL II ANS AL H REV	-		ns, if any, which se to immediat						180.0						
, 201 W. UTED W. IN PEN IN PEN IN RIAL - TR ID AENI ON, OR	1	cause (a) lying cau	stating the <u>under</u> ise last.	DUE TO, OI	R AS A CO	NSEQUENCE OF									
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., S CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOUS RITING THE WORD "PENDING" IN PENCIL IN ITEM 18, ROED TO THE CHIEF MEDICAL EXAMINER ALONG W JE 3 SHOULD BE USED AS A BURIAL-TRANSIT PERMIT. DE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DED PRIQE TO BURIAL, CREMATION, OR REMOVAL.	NO	PART 2 OTNER SIG	GNIFICANT CONDITION	S CONTRIBUTING TO DEATH	BUT NOT REL	ATED TO THE TERMIN	AL DISEASI	DR CONDITIDI	N GIVEN IN PAI	RT 1 to					
MIRE VIID SED A AL, O	CERTIFICATION	190. DATE OF	OPERATION	19b COND	TION FOR	WHICH OPERA	ION W	AS PERFOR	MED?				20 A	UTOPSY?	
A SECTION OF SECTION O	E	AL EVIERALA	L CAUSE WAS	100 7005			T		14					ES XX	NO 🗆
INCATE ON OF THE WOULD HOULD IOR TO THE MARTMEN	MEDICAL CE	UNDERLYING CONTRIBUTION	OR CAUSE OF	DEATH P.	A. MONTH	19			OCCURRE	D (ENTER )	NATURE OF INJURY IN ITEM	A 18 PART I OR	PART 2}		
DIVIS THIS CER WARTIN WARDED VARGE 3 S AGE 3 S TO 1 PR	MED	216 INJURY C		21e PLACE STREET, FAC	OF INJURY			CATION			CITY OR TOWN		OUNTY		STATE
TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN ITEM 18. GIVE PARES E 4 SHOULD BE FORWARDED THE CHIEF MEDICAL EXAMINER ALONG WITH FOR TO FUNERAL DIRECTOR, PAGE 3 SHOULD BE USED AS A BURIAL-TRANSIT PERMIT. PAGES 1 AFTER DEATH, WITH THE STATE PEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION BALTHWORE, MARYLAND, 21201 PRIQR TO BURIAL, CREMATION, OR REMOVAL.		death results		rge of the remains de ural causes (1)	Accident		Autap de 🗌	. Hamic	PECIFY)	Undete	Inquiry ,	and in my		/1 /05	
EDICAL A SHORE NORE, WORE,	1-	SIGNATURE	NAME	4		10	M	.D. ASS	ISLani	MED	ICAL EXAMINER	SIGN	NED	/1/82	
A PER	22- 0	(TYPE OR PRI	VT)	argarita /		PAME OF CEME		ADDRESS_			treet Bal	to MD	21	201	
0.0.0	230.B	Bur	TION, REMOVAL	2/4/82		bake Vie					CATION ORTOWN CESVILLE	Carr	YIAU	CO. ST	Md.
0000 BP	24. F										REGISTRAR 25b. RI				
DHMH - 17 (VR A15 ME (5)) 15M 2/80	Hu	bbard F	uneral I	Home, Inc.	410	7 Wilker	is A	ve.	FE	B	3 1982 2	Toon (	Jan	Marta	

His and the state of the second secon

ROLLEGY WALL ASSESSED AND STREET references to the second secon -one. recombined of the second decision of the second of the sec . In product of the first term of the product of th And all office of the second M. 214-30-98 Land . Herel . Here 13 L FAIRLUM ONLY TEXMINAL HYPOLEGISM IN TORS HULTINE SCHOOLS 20YEMS 1-8 8-1 21-3 24 1-8 84 THEN I WELLING ME. WE STHINGTER HO If lements \_\_\_\_\_\_\_\_ in age JAN 2 992 The Stand The Contract The state of the s

To the same of the		hal I
de sie en la company de la com	V4	
	414	: 6 96) (947)
- I was summer to be the set of		
contribution and many policy to the page.	drup 1 22018	(i) 10 more (ii)
NAMES OF THE OWNER, THE PARTY OF THE PARTY O	awana Ings	A 10 3 2 3 1
	****	
ides #120% - 34, 1024 y - 39	4225	
3242 (10 Minuschy and and 2 mag 112	19-19-19	
\$114) 1x314 - 2314 RB B		
The Part of Children and Part of the		
and the second second		
WE ATTEM WAY I WIT WHAT ETTE	0198131	19 10 2 1
The three little on the property of the self of the		

3 SEX  4. RACE  White	
male white 4" 26" 97" 84    Married   Never Married   Ma	26 HOUR
TO BIRTHPLACE (STATE ORFOREIGN TO CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED DIVORCED TO BALTIMORE CITY OF COUNTRY OF DEATH  USA WIDOWED DIVORCED TO TOWN OF DEATH  USA WIDOWED DIVORCED TO TOWN OF DEATH	O / I M
Md. USA MODWED DIVORCED DIVORCED Carroll	
10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)  Carroll Co. Gen. Hosp  USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)  120. KIN (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUS Can	
.S USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)	MD.  HD OF BUSINESS OR  TRY  Ining
USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)  136 STATE  136 COUNTY  136 INSIDE CITY LIMITS?  136 STREET ADDRESS  1043 Oak Drive	
Jessie  14. FATHER'S NAME FIRST  MIDDLE  Nusbaum  15. MOTHER'S MAIDEN NAME FIRST  Barbara  Ellen  Holle	nberg
(YES, NO OR UNKNOWN) (IF YES, GIVE, WAR OR DATES)  no  (IF YES, GIVE, WAR OR DATES)  no  N/a  219-01-2049  Mrs. Russell Leidy s/a	
18. CAUSE OF DEATH IEnter only one couse per line for io), (b), and (c)  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  DUE TO, OR AS CONSEQUENCE OF  Conditions, if any, which gove rise to immediate couse (o). stating the underlying couse lost.  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1. DEATH WAS CAUSED BY:  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1. DEATH WAS CAUSED BY:  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1. DEATH WAS CAUSED BY:  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1. DEATH WAS CAUSED BY:  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 2. DEATH WAS CAUSED BY:  PART 3. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 2. DEATH WAS CAUSED BY:  PART 3. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 2. DEATH WAS CAUSED BY:  PART 3. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 2. DEATH WAS CAUSED BY:  PART 4. DEATH WAS CAUSED BY:  PART 5. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 3. DEATH WAS CAUSED BY:  PART 5. DEATH WAS CAUSED BY:  PART 5. DEATH WAS CAUSED BY:  PART 6. DEATH WAS CAUSED BY:  PART 7. DEATH WAS CAUSED BY:  PART 8. CAUSE OF DEATH WAS CAUSED BY:  PART 9.	T 1(o
NO STATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 206. AUTOPSY? 20b. IF YES, WERE FIN IN CERTIFYING CAU YES 70 YES	ISES OF DEATH?
	7)
OR CONTRIBUTING CAUSE OF DEATH  (IF EITHER NOTIFY MEDICAL EXAMINER)  P.M.  19  21d INJURY OCCURRED  21d INJURY OCC	STATE
sow the deceosed alive an above. (I) (we) (did) (did pat) view the body after death	that (f) (we) lost the couses stated
ATTENDING MEDICAL STAFF	117182
CHITRACHEDU NACIANNA 174 E. Mam 81 WEMm	nty HD
236 BURIAL, CREMATION, REMOVAL 236 DATE 236 NAME OF CEMETERY OR CREMATORY 23d. LOCATION	State
BPBurial 1-19-82 Kriders Westmins Westmins Westmins PRITTS FUNERAL HOME WESTMINSTER.MD	11 Ma

					-00
Liggran					
			mor . est		
			ned and release	Mercal	
					3.50 63
	Live Believi	e states	g#1   0#05-10-011		alfe ton
			Maria Control		

	ECEASED NAM	E FIRST		EDICAL EXAMIN	LAST	2a D	ATE KNOWN	MONTH DAY	YEAR 26
(1	YPE OR PRINT)	51.1	150	5	0111.50		OF ESTI-	4 00 00	
3. S	EX	FLM 4. RACE	5. DATE OF BIRT	H I6. AGE IN YE	nton OHLER		DATE	MONTH DAY	9 YEAR
	male	white	MONTH DA	Y YEAR LAST BIRTHO		OURS MIN. PROI	NOUNCED DEAD	1-27-82	0
-7 a.	BIRTHPLACE (S		76. CITIZEN OF	MHAT COUNTRY?	18 -	- 9 B4	ALTIMORE CITY O		
	FOREIGN COUNTRY)	. 3	II.S.		WIDOWED -	MAKKIED L	arroll Co	_	
10	Mary la	OF DEATH	II. NAME OF HE	OSPITAL, NURSING HOM		N 120. USUAL C	OCCUPATION (TYPE	OF WORK 126 KINE	OF BUSIN
	Westmins	ster /	Carrol	L Co. General	al Hospital		OF WORKING LIFE)		NDUSTRY
USU			OR OTHER INSTITUTION.	GIVE RESIDENCE BEFORE ADMISS	ION)	Mecha		Aut	.0
	aryland	Carr		13c. CITY OR TOWN	13d. INSIDE CITY L	IMITS? 13e STREET A			
14.	FATHER'S NAME		WIDDLE	Teneytown		MAIDEN NAME	Baltimo		
0	FIRST	Harry	P	Ohler	FIRST	4 W	droinia	Stamb	
1 160.	WAS DECEASED	DEVER IN U.S. AR	RMED FORCES?	16b. SOCIAL SECURIT	TY NO. 17. INFORMAL	VI	ADDRECE	own, Md.	
L	No	[] 123, 0112	t wan on pares,	216-10-038	87 Mrs Na	dine Riffl	a 2701 F	S.K.High	Z1/0/
	18 CAUSE O	F DEATH (Enter or	nly one cause per li	ne for (o), (b), and (c).)		//		APPE	OXIMATE INT
	PARTIDE	ATH WAS CAUSE	ATE CAUSE (o)	ntracerebra	l hemorrhage			BETWE	EIA OIASEL WIA
	1	/ / /							
	1/0	10		OR AS A CONSEQUENCE					
		ns, if any, which se to immediate		erebral athe					
-	gove ris	se to immediate	(b)		erosclerosis				
	gove ris couse (a) lying cou	se to immediate stating the <u>under</u> se last.	(b)(b)(c)	Cerebral athe	erosclerosis OF				
	gove ris couse (a) lying cou	se to immediate stating the <u>under</u> se last.	(b)(b)(c)	Cerebral athe	erosclerosis OF				
NOI	gove ris couse (a) lying cou	se to immediate stating the <u>under</u> see last.	DUE TO, CO  CONTRIBUTING TO DEAD  FT 8	Cerebral ather or as a consequence THE BUT NOT RELATED TO THE TERM OF LEFT	erosclerosis  of  MINAL DISEASE OR CONDITION GIVE  thip joint	FEN IN PART 1 10			
CATION	gove ris couse (a) lying cou	se to immediate stating the <u>under</u> see last.	DUE TO, CO  CONTRIBUTING TO DEAD  FT 8	Cerebral ather or as a consequence	erosclerosis  of  MINAL DISEASE OR CONDITION GIVE  thip joint	FEN IN PART 1 10		20. AU	TOPSY?
TIFICATION	gove ris couse (a) lying cou	se to immediate stating the under- se last.  GNIFICANT CONDITIONS  OPERATION	CONTRIBUTING TO DEAL  Free  196. CONE	Cerebral athors as a consequence of the service of	erosclerosis  of  MINAL DISEASE OR CONDITION GIVE  thip joint  RATION WAS PERFORME	VEN IN PART 1 to		YE	TOPSY?
CERTIFICATION	gove riscouse (a) lying cou PART 2 OTHER SH	se to immediate stating the under- se last.  OPERATION  L CAUSE WAS	DUE TO, C  (c)  GONTRIBUTING TO DEA  198. CONTE	Cerebral atheorement of the term of left of the for which open of the term of left of the form of the	erosclerosis  OF  MINAL DISEASE OR CONDITION GH  t hip joint  RATION WAS PERFORME	FEN IN PART 1 10	E OF INJURY IN ITEM 18 P.	YE	
ICAL CERTIFICATION	gove riscouse (a) lying cou PART 2 OTHER SH	Se to immediate stating the under- se last.  GNIFICANT CONDITIONS  OPERATION  LI CAUSE WAS  OR CAUSE OF	CONTRIBUTING TO DEAL 198. CONTRIBUTING TO DE	Cerebral atheorement of the term of left of the for which open of the term of left of the form of the term of left of the form of left of the form of	erosclerosis  OF  MINAL DISEASE OR CONDITION GIVE  thip joint RATION WAS PERFORME  210 HOW INJURY OF 2 Subject f	VEN IN PART   10   D?	e of INJURY IN TIEM 18 P.	YE	
AEDICAL CERTIFICATION	gove riscouse (a) lying cou PART 2 OTHER SH  19a. DATE OF  21a EXTERNA UNDERLYING CONTRIBUTIN 21d INJURY C	GNIFICANT CONDITIONS  OPERATION  LI CAUSE WAS  OR  CAUSE OF	CONTRIBUTING TO DEAT    CONTRIBUTING TO DEAT   19b CONT   21b TIME   HOUR A     DEATH   0 : 30   21e PLACE	DR AS A CONSEQUENCE.  TH BUT NOT RELATED TO THE TERM  THE BUT NOT	erosclerosis  OF  MINAL DISEASE OR CONDITION GIVE  thip joint  RATION WAS PERFORME  21c HOW INJURY OC  R  21f LOCATION  SIRRET  21f. LOCATION  SIRRET	D?  CCURRED (ENTER NATURE)  CELL off st	retcher	YE YE (COUNTY	
MEDICAL CERTIFICATION	gove riscouse (a) lying cou PART 2 OTHER SH	GNIFICANT CONDITIONS  OPERATION  LI CAUSE WAS  OR  CAUSE OF	CONTRIBUTING TO DEAT    CONTRIBUTING TO DEAT   19b CONT   21b TIME   HOUR A     DEATH   0 : 30   21e PLACE	Cerebral athors as a consequence of the service of	erosclerosis  OF  MINAL DISEASE OR CONDITION GIVE  thip joint  RATION WAS PERFORME  21c HOW INJURY OC  R  21f LOCATION  SIRRET  21f. LOCATION  SIRRET	CURRED (ENTER NATURE	retcher	YE YE (COUNTY	
MEDICAL CERTIFICATION	PART 2 OTHER SHE  190. DATE OF  210. EXTERNA UNDERLYING CONTRIBUTIN 21d INJURY C WHILE AT WORK	OPERATION  CAUSE WAS COURSE  CAUSE OF  COURRED  NOT WHILE AT WORK	CONTRIBUTING TO DEAL    CONTRIBUTING TO DEAL   196 CONT   216 TIME ( HOUR A   DEATH 10:30   21e PLACE   STREET, FA	DR AS A CONSEQUENCE.  TH BUT NOT RELATED TO THE TERM  THE BUT NOT	erosclerosis  of  MINAL DISEASE OR CONDITION GH  t hip joint RATION WAS PERFORME  216 HOW INJURY OF 217 LOCATION STREET CATTOLL CO	CCURRED (ENTERNATURE CITY HOSP.	or Town Westmins	YE YE COUNTY	s_Q 1
MEDICAL CERTIFICATION	PART 2 OTHER SHE  190. DATE OF  210. EXTERNA UNDERLYING CONTRIBUTIN 21d INJURY C WHILE AT WORK  220. I certif	OPERATION  CAUSE WAS COURSED  NOT WHILE AT WORK  To immediate Understand  OPERATION  CAUSE WAS CAUSE OF COURRED  NOT WHILE AT WORK	CONTRIBUTING TO DEAL    CONTRIBUTING TO DEAL   196 CONT   216 TIME ( HOUR A   DEATH 10:30   21e PLACE   STREET, FA	DR AS A CONSEQUENCE.  TH BUT NOT RELATED TO THE TERM  THE BUT NOT	erosclerosis  OF  MINAL DISEASE OR CONDITION GIVE  thip joint RATION WAS PERFORME  21c HOW INJURY OC  Subject f 21f. LOCATION Carroll Co  Autopsy [XX] In	CCURRED (ENTER NATURE CITY Hosp.	cretcher  ORIOWN Westmins	YE YE (COUNTY	s_Q 1
MEDICAL CERTIFICATION	PART 2 OTHER SHE  190. DATE OF  210. EXTERNA UNDERLYING CONTRIBUTIN 21d INJURY C WHILE AT WORK	OPERATION  CAUSE WAS COURSED  NOT WHILE AT WORK  To immediate Understand  OPERATION  CAUSE WAS CAUSE OF COURRED  NOT WHILE AT WORK	DUE TO, C  (c)  19b CONT  19b CONT  21b TIME c HOUR A DEATH 10:30  21e PLACE STREET, FA eMer	DR AS A CONSEQUENCE.  TH BUT NOT RELATED TO THE TERM  THE BUT NOT	MINAL DISEASE OR CONDITION GINT THE PROPERTY OF SUBJECT OF STREET, CAPTOOL CAPTOOL XXIII CAPTOOL XXI	CCURRED (ENTER NATURE CITY HOSp. spection . Inc. Undetermin	cretcher  ORIOWN Westmins	YE YE COUNTY	S <sub>V</sub> I
MEDICAL CERTIFICATION	PART 2 OTHER SHE  19a. DATE OF  21a. EXTERNA UNDERLYING CONTRIBUTIN 21d INJURY C WHILE AT WORK  22a. Leertif deoth resulte	OPERATION  CAUSE WAS COURSED  NOT WHILE AT WORK  To immediate Understand  OPERATION  CAUSE WAS CAUSE OF COURRED  NOT WHILE AT WORK	DUE TO, C  (c)  19b CONT  19b CONT  21b TIME c HOUR A DEATH 10:30  21e PLACE STREET, FA eMer	DR AS A CONSEQUENCE.  TH BUT NOT RELATED TO THE TERM  THE BUT NOT	MINAL DISEASE OR CONDITION GIVE THE PROPERTY OF THE PROPERTY O	CURRED (ENTER NATURE ell off stunty Hosp.  spection . Inc. Undetermin	retcher Westmins	YE  ART I OR PART 2)  COUNTY  Ster  d in my opinion	Md.
MEDICAL CERTIFICATION	PART 2 OTHER SHE  190. DATE OF  210. EXTERNA UNDERLYING CONTRIBUTIN 21d INJURY C WHILE AT WORK  220. I certifi deoth resulte ACTUAL SIGNATURE	OPERATION  CAUSE WAS CAUSE OF COURRED  NOT WHILE AT WORK  Ty that I took charged fram:  Notu	DUE TO, C  (c)  19b CONT  19b CONT  21b TIME c HOUR A DEATH 10:30  21e PLACE STREET, FA eMer	DR AS A CONSEQUENCE.  TH BUT NOT RELATED TO THE TERM  THE BUT NOT	MINAL DISEASE OR CONDITION GINT THE PROPERTY OF SUBJECT OF STREET, CAPTOOL CAPTOOL XXIII CAPTOOL XXI	CURRED (ENTER NATURE ell off stunty Hosp.  spection . Inc. Undetermin	cretcher  ORIOWN Westmins	YE YE COUNTY	Md.
MEDICAL CERTIFICATION	PART 2 OTHER SHE  190. DATE OF  210. EXTERNA UNDERLYING CONTRIBUTION 21d INJURY CONTRIBUTION 21d INJURY CONTRIBUTION AT WORK  220. I certification of the contribution	OPERATION  CAUSE WAS  COUNTY WHILE AT WORK  Ty that I took charged fram:  NOTE WHILE AT WORK  The took charged fram:  Note AME	DUE TO, C  (c)  19b CONT  19b CONT  21b TIME c HOUR A DEATH 10:30  21e PLACE STREET, FA eMer	CEREBRAL ATHOREM TO THE TERM T	MINAL DISEASE OR CONDITION ON  thip joint  RATION WAS PERFORME  21c HOW INJURY OF  21f. LOCATION CAPTOIL CO  Autopsy XX In Dicide J. Hamicide  IIILE (SPEC	CURRED (ENTER NATURE COLUMN TO SECURITY HOSE)  spection . Inc. Undetermin CIFY) AMEDICAL	retcher Westmins	YE  ART I OR PART 2)  COUNTY  Ster  d in my opinion	Md.
MEDICAL	PART 2 OTHER SHE  190. DATE OF  210. EXTERNA  UNDERLYING CONTRIBUTIN 21d INJURY C WHILE AT WORK  220. I certifi deoth resulte  ACTUAL SIGNATURE  EXAMINER'S I (TYPE OR PRIN	OPERATION  CAUSE WAS  COURTED  NOT WHILE AT WORK  Ty that I took charged fram:  NOT WAME  NOT WANT  NOT WHILE AT WORK  TO THE TOOK WAS  TO THE	DUE TO, C  (c)  19b CONT  19b CONT  21b TIME c HOUR A DEATH 10:30  21e PLACE STREET, FA eMer	CEREBRAL ATHOREM TO THE TERM T	MINAL DISEASE OR CONDITION GIVE  Thip joint  RATION WAS PERFORME  21c HOW INJURY OF  21f. LOCATION CAPTOIL CO  Autopsy XX In Dicide J. Hamicide  IIILE (SPEC	CURRED (ENTER NATURE CITY HOSP.  spection []. Inc. Undetermin (IFY) ant MEDICAL	retcher Westmins quiry	COUNTY Ster  And I or Part 2)  Ster  DATE SIGNED 1-29	Md.
2=	PART 2 OTHER SHE  190. DATE OF  210. EXTERNA UNDERLYING CONTRIBUTION 210. INJURY COMMILE AT WORK  220. I certification deoth results  ACTUAL SIGNATURE  EXAMINER'S I	OPERATION  CAUSE WAS CAUSE OF  CCURRED  NOT WHILE AT WORK  Ty that I took charged from:  Notu	CONTRIBUTING TO DEATH    198 CONTRIBUTING TO DEATH   198 CONTRIBUTING TO DEATH   218 TIME of HOUR A	CEREBRAL ATHOR  OR AS A CONSEQUENCE  TH BUT NOT RELATED TO THE TERM  LECTUR OF LOFT  OFFINJURY  AM. MONTH DAY YEAR  M. 1/11/ 1982  E OF INJURY (AT HOME.  KCTORY, FARM, ETC.)  BENCY FOOM  Accident . Su  KOPOLL M. D  236. NAME OF CER	MINAL DISEASE OR CONDITION ON  thip joint  RATION WAS PERFORME  21c HOW INJURY OF  21f. LOCATION CAPTOIL CO  Autopsy XX In Dicide J. Hamicide  IIILE (SPEC	CCURRED (ENTERNATURE Cell off st unty Hosp.  Spection Inc. Undetermin (IFY) Ant MEDICAL  11 Penn St  233. LOCATI CITY OF TOW	retcher  ORIOWN Westmins  quiry	YE  ART I OR PART 2)  COUNTY  Ster  d in my opinion	Md.

and the same

and a company of the company of the

Annels de ginlerett office entre la month 

The state of the s

(For 12, 2002 details inthony George Teaching, Day (3) 18.

A Person

arotrona: ,tL. ctlr. . Ff. wor firm relica

-	1	STATE OF MARYLAND	7 7 3
9		DEPARTMENT OF HEALTH AND MENTAL HYGIENE 2	106
С.		CERTIFICATE OF DEATH	
page of Dept		CEASED-NAME First Middle Lost 20. DATE OF DEATH	2b. HOUR
<del>0</del>	(	ype or print) Harvey RICHARD Palmer Month Bay	8º2 6 M
S	3. SI	X 4. RACE S. DATE OF BIRTH 6. AGE (In years	IF UNDER 1 YEAR OF UNDER 24 HRS.
		Ivale Carlesian 1713 30 YRS.	MONTHS DAYS HOURS MIN
51	7o. I	SIRTHPLACE (Stole or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH	
33	(00)	MARYLAND USA WIDOWED DIVORCED CARROLL	Md.
= 1 1	1 .	ITY OR TOWN OF DEATH  11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital  12a. USUAL OCCUPATION (Kind of work done	12b. KIND OF BUSINESS OR
lol.		VESTMINSTER Give street address) CO HOSPITAL MENAGER - OPERATOR	GARAGE
fer de	13a.	USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e. STREET AND NUMBER	
200	_	MARYLAND CARROLL WEW WINDSOR TO 304 HILLS IDE	DRIVE
P 1 0	14. 1	ATHER'S NAME First Middle Last IS. MOTHER'S MAIDEN NAME First Middle	Last
2 60		HARVEY F PALMER JANE C KI	CHARDSON
papers. Fac		WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT 204 DOROTHY V PALMER 364 NEW W.	IDE DRIVE
		es, no, or unknown) Wys give and a construction of 214-32-4824 DOROTHY V PALMER NEW W.	APPROXIMATE INTERVAL
		1B. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY:	BETWEEN ONSET AND DEATH
any ev		PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (0)  Carcinona toscis	142
9		DUE TO, OR AS A CONSEQUENCE OF	
and in		Conditions, if any, which gove (b) Carcinous of Colon	24
emoval,		stoting the underlying couse DUE TO, OR AS A CONSEQUENCE OF	
removal,		lost. (c)	
or r		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)	
	TON	19g. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20g. AUTOPSY? 20b. IF YES, WERE FINDINGS CO	NZIDEDED IN CEDTIEVING
to buriol, cremation	CERTIFICATION	YES NO CAUSES OF DEATH?	NOTICE IN CERTIFICATION
	CERT	21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, In	em IR)
9	MEDICAL	De CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year	,
-	MED	21d INUIRY OCCURRED 21e PLACE OF INUIRY / AT HOME, FARM, STREET, FACTORY A 21f LOCATION Street or R.F.D. No.	Caunty State
		While Not while at wark at wark	
			that (I) (we) last
Hygiene		saw the deceased glive an 1952 ond that in (my) (early opinion death accurred on the dat	e ond hour ond from the
		couses stated above, (I) (va) (did) (did not) view the bady ofter death.	
detached to		ATTENDING MED. STAFF	JE SIGNED
N pue	+		3/02
# or		NAME (1/pe) John E. Steers 210 Washington Hts W	estminister me
shauld b	230	BURIAL CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town)	(Caunty) (State)
of b	230.	BURILL CRIMITION, 250. DATE 250. HAIR OF CEMETERY KEYSVILLE TO KEMETERY KEYSVILLE TO	(State)
1/71 30M	24.	MINEDAL DIDECTOR BY DECISTOR STATE OF THE ST	IGNATURE 12
A15 (4))		DA Host lan. New Ulindown Md DATE LAN 9 1982 Coscess	D

A COLUMN TO THE PARTY OF THE PA

21074

Eline Funeral Home, Hampstead, Md.



tas small llores .td 217-7-1101 Mr. Calvin Kelly, Hastered. Mr.

Signal Lagrange to dead contact Lagrange to 1-27-82 to From Mine Mannel lore, Homestond, Mr. 2207h

Lemmon-Mitchell-Wiedefeld, 10 W. Padonia

MIDDLE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO

MONTH

26 HOUR

126. KIND OF BUSINESS OR

Railroad ZIIZU

8

IF UNDER I YEAR

INDUSTRY

Shipley

COUNTY

22c. DATE SIGNED

STATE

20 DATE OF DEATH

(VRA 15, 4)

- STATE

REGISTRAR

LEEASED NAME

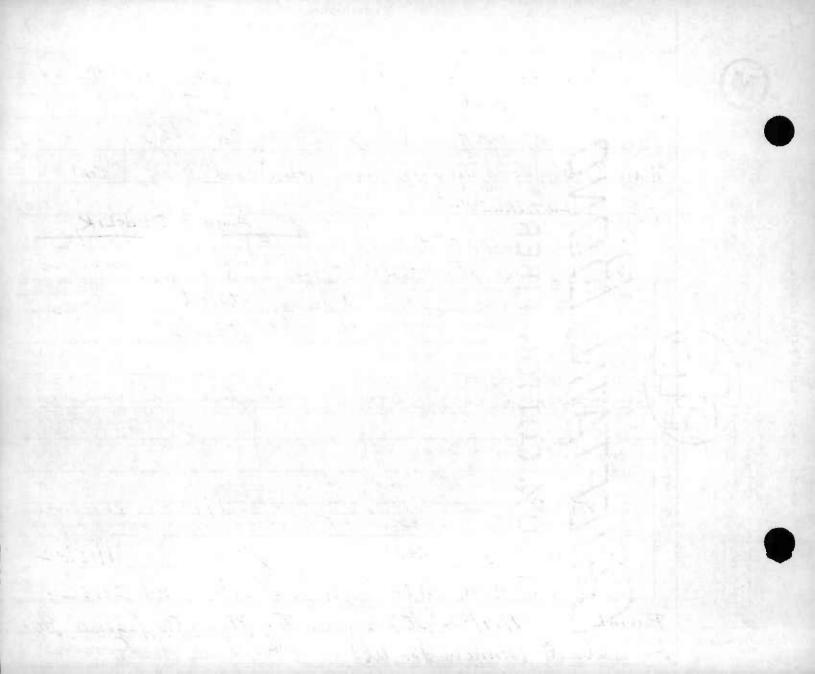
	Lat at large year of decrees
Local man property	
i	The second secon
i . ,	

	1.	FOR - STATE REGISTRAR		DEP	ARTMENT OF H	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	IENE 3 2	0	17	3 5
(M)	(TYP	CEASED NAME FIRST CORPRINT) Julie		MIDDLE,	Si	phax	Is DATE OF DEATH	1/2	7/82	11 000
ector in	3. SE	× Female	4 RACE White		5. DATE O		6. AGE (HIVEARS LAUTER	31 ves	SHITHS DAVE	# Und of Daines. HOURS ARRA
Thores.		RTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF		TRY? 8. MARRIE	D NEVER MARRIED	9 BALTIMORE CITY O		OF DEATH	AAC
10 positied	10 C	Stminster	11. NAME OF (IF NOT IN SU	HOSPITAL, NU	RSING HOME	PROTHER INSTITUTION	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF TENCH WEST	ON F WORKING LIF		BUSINESS OR
must be	USU	AL RESIDENCE (IF NURSING HOME STATE 13b. COI	OR OTHER INSTITUTION	13c CITY OR	BEFORE ADMISSION)	13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS 742 N. G			
ond 2 sh	14. F/	ATHER'S NAME FIRS LOUIS CHALROWS	MIDDLE	eLorme		15. MOTHER'S MAIDEN NAME FARST Blandine		maril	Lassan	
Poges I		VAS DECEASED EVER IN U.S. A YES, NO OR UNKNOWN) (IF YES, C	ARMED FORCES? GIVE WAR OR DATES)		1-5024	Mrs. Park C.	Leister, W			
Then please remove carbo ta burial, cremotion, or ra injury, ar other traumatic e	NO	Conditions, if ony, which gove rise to immediate couse 101, stating the underlying couse lost.  PART 2 OTHER SIGNIFICANT	(b) DUE TO, O	OR AS A CONSI	EOUENCE OF		INAL DISEASE OR CONI	DITION GIV	Yeu EN IN PART 110	ivs
giene prior	CERTIFICATION	190 DATE OF OPERATION	196 COND	ITION FOR WE	HICH OPERATIO	WAS PERFORMED	200 AUTOPSY?		, WERE FINDING YING CAUSES (	
rond Mentol Hygie rked ar Item 18 sha	MEDICAL CER	210, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF ETIMER NOTIFY MEDICAL EXAMIN 210. IN JURY OCCURRED  WHILE AT WORK AT WORK	P. PLACE		19	216. HOW INJURY OCCURE 216 LOCATION STREET	CITY OR TO		COUNTY	STATE
ote Dept. of Health		22a. I certify that (I) (Nos has sow, the deceased alive a above, II) (sup) (did) (did n 22b. SIGN/XTURE	1/27	7	19 <b>82</b> , or	d that in (my) (acc) opinion of DEGREE  ATTENDING PHYSICIAN D	deoth occurred on the do	F	ond from the co	
with the Stote	22- 5	John E.	Stee		22. 6144.5.05	220 ADDRESS 210 Washin	gton Hts 1	Vest	hum ter	, nd
		Burial, Cremation, Remova Specify) Burial	23b. DATE			ad Cemetery	Ham pa tea		afföll	Md tate
)M 1/81 , 4)		JNERAL DIRECTOR NAME  Cline Funeral 1	Home, Ha	mps tead	, Md.	21074 FEB	REC'D. BY REGISTRAR  3 1982	Rance	Jan Mas	Zy-

Eline Funeral Home, Hampstead, Md.

11-4/12/1			at a note
	Proper ts	1 10	L elong
.oli Marail			Tonor Linguis
and tooth myeny dope	er Lathque	L'nol .ol Ecor	easterinian Ca
142 U. Soreness houd many Engagement disaboration		TELENTED BOY	Signatura de la compansión de la compans
.El entre Eitze ente	Me. Frit C. le	577-01-5021	
A-MARKET CO.			

STATE OF MARYLAND



FOR - STATE

CERTIFICATION

MEDICAL

8

0

ild be deto the Stote I

MPORTANT:

REGISTRAR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE & CERTIFICA

TE OF DEATH	REG. 1	٧٥.				
	20 DATE OF DEATH	HINOM	DAY	YEAR	26 HOU	R
5		1	6	1982	4	AN
RTH	6 AGE (IN YEARS LAST BE	RTHDAY)	IF U	NDER I YEAR	IF UNDER	24 HRS
DAY YEAR			MON	THS DAYS	HOURS	MIN

LAST I DECEASED NAME (TYPE OR PRINT) Julia Trou A. 4 RACE 5. DATE OF BI 3 SEX MONTH White Female 1916 To. BIRTHPLACE STATE OR FOREIGN 9 BALTIMORE CITY OR COUNTY OF DEATH 76 CITIZEN OF WHAT COUNTRY? MARRIED & NEVER MARRIED COUNTRY Carroll Maryland WIDOWED DIVORCED [ 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Pleasant Valley Road Westminster Hwf USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a STATE 13b COUNTY 3c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS

Pleasant Valley Road Md. Carroll Westminster 1383 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE Chalk Amelia George Burk E. ADDRESS 16g WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17 INFORMANT

(YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 219-20-0662 Trout, Westminster, no

APPROXIMATE INTERVAL BETWEEN ONSET AND DEA 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY: DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o), stoting DUE TO, OR AS A CONSEQUENCE OF underlying

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OF CONDITION GIVEN IN PART 110

206. IF YES, WERE FINDINGS USED 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 19a DATE OF OPERATION IN CERTIFYING CAUSES OF DEATH? NOF

21b. TIME OF INJURY 21a. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH

(IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 21d. INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION CITY OR TOWN COUNTY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE

22a. I certify that (I) (this hospital) attended the deceased from. 19 81 ,, and that in (my) (aur) apinion death accurred on the date and hour and from the causes stated

sow the deceosed olive on obove, (I) (we) (did) (did not) view the body offer death DEGREE 22c. DATE SIGNED ATTENDING MEDICAL

SICIAN'S NAME (TYPE OF PRINT) 22e ADDRESS

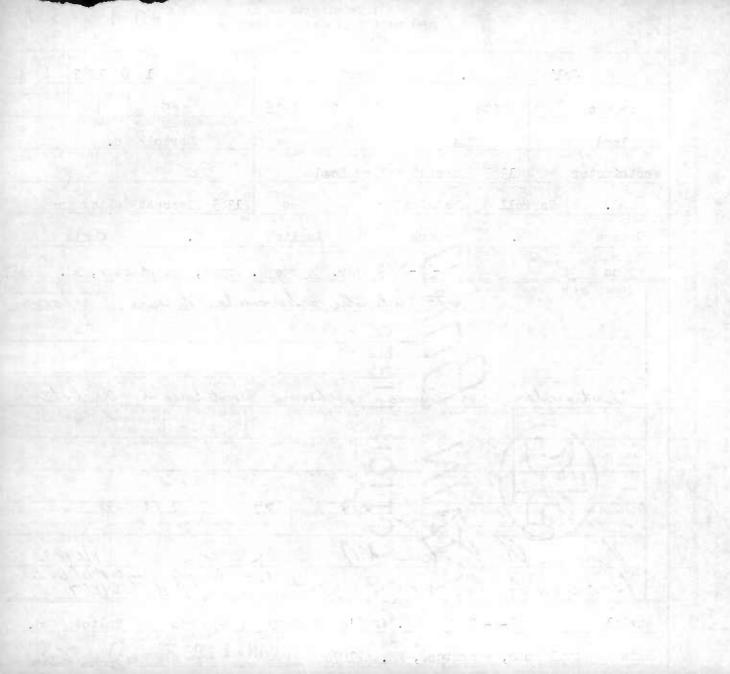
230. BURIAL CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY SPECIFY) COUNTY STATE 7-9-82 Burial St. Paul's Cemetery

24 FUNERAL DIRECTOR DHMH - 16 50M 1/76 ADDRESS NAME (VR A 15 (4)) Eline Funeral Home, Hampstead, Md.

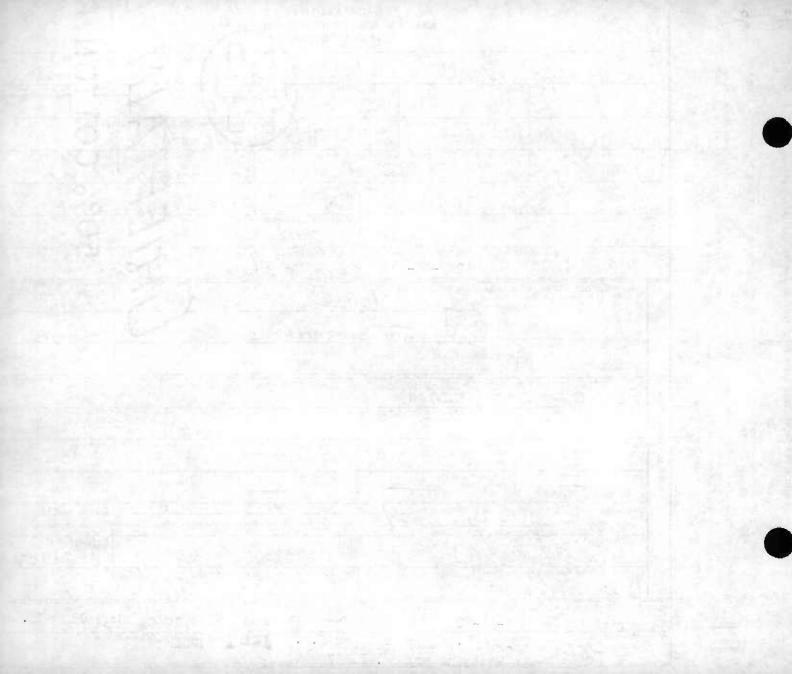
25a. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

DIRECTOR PHYSICIAN

STATE



7	2			FOR STATE REGISTRAR		EPARTMENT OF	E OF MARYLAND REALTH AND MENTAL H FICATE OF DEATH	RYGIENE 3 2	01738
	noy be page 3			CEASED NAME FIRST EORPRINT) GEOTGE	Vernon 14 RACE	S. DATE (	laguer	20 DATE OF DEATH A	AONTH DAY YEAR 26. HOUR  28 82 0220  ADAY) IF UNDER 1 YEAR IF UNDER 24 HRS
	oge 4 r irectar,			M	W	mont 06		77	MONTHS DAYS HOURS MIN.
	death. uneral hin 72 h	35		COUNTRY	76 CITIZEN OF WHAT CO	MARRIE		1 Carroll	M
21201	by the	De patified	U	Jestminster	11. NAME OF HOSPITAL, CATTOLLOW	Y GENER	al HOSP	120. USUAL OCCUPATION STORE FOR MOST OF	WORKING LIFE) INDUSTRY
AND 21	24 h filled buld b	35	13a.	AL RESIDENCE (IF NURSING HOME OF		THE BEFORE ADMISSION) OR TOWN, MINSTER	13d. INSIDE CITY LIMITS	133 W11	Main St
MARYLAND		examin		Tack	MIDDLE Wa	Lghar	15 MOTHER'S MAIDEN Sarah	MIDDLE	Jordan
BALTIMORE	be executed an ond comp	e medico	160	VAS DECEASED EVER IN U.S. AR YES, NO OR JAYOWN) (1F YES, GIV	RMED FORCES? 166 SOCI VE WAR OR DATES) 217-	13-8899	CAPPIC B.	Wagner ADDRES	2 W. Meir St.
ST., BAL				18 CAUSE OF DEATH (Enter of PART I, DEATH WAS CAUSE IMMEDIA	nly one couse per line for (a) ED BY: TE CAUSE (a)	ver fo	ulure		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH  - HENT IS
PRESTON	death ce offendin ove carb	traumatic		Conditions, if ony, which	DUE TO, OR AS ACO	NSEQUENCE OF LENNED	sarrho	sis	~ 24/5
201 W. PF	that the d by the ease rer al, crem	ar other t		gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CO	nseouence of			
RECORDS, 20	requires en signe 1, Then pl ar to buri	uploux, o	NOIL	ASOND E	att; a	100		rminal disease or cond	ITION GIVEN IN PART I (a)
AL	n. nos be	Shows and	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR	WHICH OPERATIO		YES   NO	20b IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO
DIVISION OF VIT	Z A O D T S	Item 18 s		210, ACCIDENT WAS UNDERLYING COR CONTRIBUTING CAUSE OF DEA		TH DAY YEAR	21c. HOW INJURY OCC	URRED (ENTER NATURE OF INJURY	IN ITEM 18 PART I OR PART 2)
DIVISION	the the	marked or	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY		211 LOCATION STREET	CITY OR TOW	N COUNTY STATE
	Spitol CTOR: for us	2 I IS mg		220.1 certify that (1) this hospi sow the deceased alive on above (1) we) (did) (did no		1082	nd that in (my) (aur) opini		, 19 2, that (we) los e and hour and from the causes stated
	OR he	H Hen		226. STONATURE ABO	Seedler)		DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF	22€ DATE SIGNED  1-28-8
	TO HOSPITAL of the retained by the TO FUNERAL Is should be detained by the Mith the Stote I.	MPORIAN	Ţ	HVa S. K	PRINT) Jaker		24 ASDRESS Wash	ingly Health	Med CH
	BP	≥	23a	BURIAL, CREMATION, REMOVAL SPECIFY)	23b. DATE 130-82		EMETERY OR CREMATOR Memorial P		ung Caure oll Mais.
	DHMH - 16 50M 1/8 (VRA 15, 4)	81	24 F	JOERAL DIRECTOR	Thomas D. Fl.	etcher f	Son F.H. 25a.	C'C BY REGY AR 2	SLAT CHETRUR S. SIGNATURE



		STATE OF MARYLAND		
	DEPARTMENT	OF HEALTH AND MENTAL	HYGIENE Z U I	1 3 9
Absh, MI	CEDVA C	RTIFICATE OF DEATH		
28352	1, DECEASED NAME First Middle	Last	2o. DATE OF DEATH	2b. HOUR
D 0	Minerva Sue	Walsh	Month Doy	Yeor 83 03361
1-310-82	2 CENTRO WILL	S. DATE OF BIRTH	a. Mac (m years	IF UNDER 1 YEAR   IF UNDER 24 HRS.
e e DK	Ffocco female white	6/29/37	last birthday) W	ONTHS OAYS HOURS MIN.
in a	7o. BIRTHPLACE (Stote or foreign   7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED X NEVER MARRIED	9. COUNTY OF DEATH	
200	country) Md. USA	WIDOWED DIVORCED	Carroll	Mo
例]	1D. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INS	TITUTION (If not in hospital 120. USU	AL OCCUPATION (Kind of work done	12b. KIND OF BUSINESS OR
(0)	Westminster give street oddress) Carroll CO.	Gen. Hosp. during m	ost of working life, even if retired.)	INDUSTRY
sho -	13a. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before	13c. CITY OR TOWN 13d. INSIDE CITY L	LIMITS? 13e. STREET AND NUMBER	
- N 4 / / /	admissian) STATE Md 13b. COUNTY Carroll	Westminste YES N	□ 135 Bond St.	
0000	14. FATHER'S NAME First Middle Lost	IS. MOTHER'S MAIDEN NAME	First Middle	Lost
hin 72 hause	HXXXX Clarence E. Bolling	ger Hilda		Beam
within	16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY N	IO. 17. INFORMANT	Address	
K T	(Yes, na, ar unknawn) (If yes give war or dates of service) no 219-34-70	055 Douglas Walsh	135 Bond St.	
any event, withi	1B. CAUSE OF DEATH (Enter anly one cause per line for (o), (b), and (c).			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
y ev	PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (0)  CARCIN			mus
uo	DUE TO OD AS A CONSCIUENCE OF		Market Haller of the San	7,,,,
and in	Conditions, if any, which gave)	TIC CARCINAMA	Dolaney	44
9 9	rise to immediate couse (o), stating the underlying couse  DUE TO, OR AS A CONSEQUENCE OF	TIC CARCINOMA	LINDSALDANA	
remaval,	stoting the underlying couse DUE 10, OR AS A CONSEQUENCE OF		0,01=1=00110	
L Le L	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE OR	CONDITION GIVEN IN PART 1(0)	
Then, or r	0.11.0			
crematian,	CHRONIC GRITPUCTIVE PU  190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PER  210. ACCIDENT WAS UNDERLYING   121b. TIME OF INJURY	REFORMED 20a. AUTOPSY?	20b. IF YES, WERE FINDINGS COM	ISIDERED IN CERTIFYING
. Le	Dia la	YES NO C	CAUSES OF DEATH?	
		21c. HOW INJURY OCCURRED (Ente	er nature of injury in Part 1 or Port 2, Ite	m 1B.)
prior to burial,	OR CONTRIBUTING CAUSE DF DEATH HOUR A.M. Manth Day Year P.M. (If either, northy medical examiner) P.M.			
₽ /	- 1 ZIG. INJUKT ULLUKKED   ZIE. FLALE OF INJUKT   A TIOME, TAKE, STACE, TAKE		a. City or Town	County State
	at work at work			
	22a. I certify that (1) (this hospital) attended the decease saw the deceased alive on 101	ed from 11/28, 19_	81, to 1/11, 198	>, that (I) (we) lo
Mental Hygiene	saw the deceased alive on 1/10	982, and that in (my) (our) op	inion death occurred on the date	e ond hour and from th
for use of Hygie	causes stated abave, (i) (we) (did) (did not) view the	body after deoth.	1 00 04	TE CLOVED
detached fo	22b SIGNATURE	MEDEGREE PHYS	MED. STAFF	TE SIGNED
and w	28d. PHYSICIAN'S	PHYS. 22e. ADDRESS	DIRECTOR PHYS.	11/80
	NAME (Type)	ZZe. ADDRESS		
shavid be af Health	22 DIDIM COUNTION 225 DATE 22 NAME OF	CEMETEDY OR CREMATORY	23d. LOCATION (City or Town)	(County) (Centa)
a to	DEMOVAL (Specify)	CEMETERY OR CREMATORY		(County) (State)
11.0	Burial 1/14/82 Mead  24. FUNERAL DIRECTOR ADDRESS	ow Branch Cem	Westminster Ca	Troll Ma
1/71 30M	PRITTS FUNERAL HOME, WESTMIN	ISTER, MD. DATE	BY REGISTRAP 802 256 1 GISTRALS	
K AT5 (4))	TATE TO TOTAL TOTAL TOTAL TANDETS	The makes a saw a UAIL		

The state of the s A STATE OF THE STATE COTOTS DE STO 

	1			STATE OF MARYLAND		
3 1				T OF HEALTH AND MENTAL	L HYGINE 🕹 🔱	140
9 6				CERTIFICATE OF DEATH		
may be page 3 e Dept		DECEASED-NAME First	Middle	Last	20 DATE OF DEATH	2b. HOUR
e 4 m far, pi		(Type or print) Ruth	Rebecca	White	Manth Doy	1982 1135 M
Page recta	3	. SEX	4. RACE	S. DATE OF BIRTH	6. ASL (In years	#F UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN
		female	white	642-02	last birthday) 79 YRS.	MONTHS DATS HOURS MIN
death.		o. BIRTHPLACE (State or foreign guntry)	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED	9. COUNTY OF DEATH	
offer a	15	Md.	USA	WIDOWED DIVORCED	Carroll	Md.
y _4=.	10	D. CITY OR TOWN OF DEATH	give street oddress)	during	SUAL OCCUPATION (Kind of work dane most of working life, even if retired.) OUSEWIIE	12b. KIND OF BUSINESS OR INDUSTRY
212 24 ho 24 ho shoul		Vestminster	d lived, if institution: Residence before			Home
AND 2 in 24 fillid d 2 in offer		dmission) STATE	13b. COUNTY	VEC IX	NO 🗆	e ST.
within within land 2 haugs of	14	Md 4. FATHER'S NAME First	Middle Lost	Westminster X	First Middle	Last
MAR)	1.2				Jane	Conaway
AORE, MA executed and cample of cample of thin 72	I Zi Ci	Daniel  6a. WAS DECEASED EVER IN U.S. ARM	W Smit		Address	Conaway
BALTIMORE, MARYLAND 21201  e be executed within 24 hour  cian and campletely filled in b  papers. Pages 1 and 2 should  rent, within 72 hours after desti	1	(Yes, no, or unknown) (Il yes give wo	r or dotes of service) 214-24-7	205 Beulah Cook		Md
BALTIM e be e papers. ent, wi	1		r ane cause per line far (a), (b), and (c			APPROXIMATE INTERVAL
certificate ng physició	879	PART I. DEATH WAS CAUSED	BY:	Tetre Carino		BETWEEN ONSET AND DEATH
TREE) ertifice	23	1519 IMMEDIA	DUE TO, OR AS A CONSEQUENCE O			
FON ST leath ce: trending remave and in		Conditions, if ony, which gave )	CALCAL CALCAL	iona of the 5 x	mash	
death offendi	- 1	rise ta immediate cause (a),	DUE TO, OR AS A CONSEQUENCE O			
W. PRE		stoting the underlying couse	(c)			
W. Dat not not rem		PART 2. OTHER SIGNIFICANT CON		NOT RELATED TO THE TERMINAL DISEASE O	R CONDITION GIVEN IN PART 1(g)	
gned by Then						
CORDS, 301 W. PRESTON requires that the death oeen signed by the attend permit. Then please remay remayal, and		19d. DATE OF OPERATION 19b. C	ONDITION FOR WHICH OPERATION WAS F	PERFORMED 20a. AUTOPSY?	20b. IF YES, WERE FINDINGS CO	NSIDERED IN CERTIFYING
w requi	2			YES NO	CAUSES OF DEATH?	
The law hysician. The has burial, cr	-			21c. HOW INJURY OCCURRED (Er	nter noture of injury in Part 1 or Port 2, II	tem IB.)
YITAL I: The I physicia cate harran a burial	7	OR CONTRIBUTING CAUSE OF DEA		r 19		
	1			ACTORY.) 21f. LOCATION Street or R.F.D.	Na. City or Town	County State
VISION OF PHYSICIAN: attending his certific as the buri		While Not while at work	COFFICE BOILDING, ETC.			
PHY offi as this		22a   certify that (1) (this	haspitel attended the decea	sed fram Jan 1, 19	82-10 Jun /6, 19	that (I) (we) last
2 0 0		saw the deceased all	ve an	.19 🔏 🔭 and that in (my) (aur) c	pinian death accurred an the dat	e and haur and fram the
Z = =		22b. SIGNATURE	(I) (we) (did) (did not) view the	e bady atter death.	22. 0	ATE SIGNED
OR ATTEN the hasping DIRECTOR:		220. SIGNATURE 9	S. Harrie	DEGREE PHYS.	MED. STAFF DIRECTOR PHYS.	ALE SIGNED
L OR AT' y the har	,	22d. PHYSICIAN'S		22e. ADDRESS	DIRECTOR - PHIS	116/82
IAI b b			Was S. Idak		hor St. Westwen	ter 240 2115
D HOSPITAL retained by D FUNERAL shauld be a		3a. BURIAL, CREMATION, 23b. D		F CEMETERY OR CREMATORY	23d. LOCATION (City or Town)	(Caunty) (State)
reto reto Shor		DESCRIPTION OF STATE		press View		an Diego Ca
GHMH-16 1/71 3	30M	4. PUNERAL DIRECTOR	ADDRES			
(VR A15		PRITTS FUNERA	L HOME WESTMINS	TER MD DATE	111 6 6 1987 Wenn	

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 2a DATE KNOWN (TYPE OR PRINT) ESTI-Katherine DEATH MATED 6. AGE (IN YEARS IF UNDER 24 HRS DATE BIRTHDAY PRONOUNCED 89 White April DEAD Female YRS 7b. CITIZEN OF WHAT COUNTRY? TO BIRTHPLACE (STATE OF 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY DIVORCED X Maryland WIDOWED 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR INDUSTRY 128. USUAL OCCUPATION (TYPE OF WORK 3008 New Windsor Factory Candy USUAL RESIDENCE LIFTIN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONI 3008 Buffalo Road IN COUNTY 13a STATE 134 INSIDE CITY LIMITS? Windsor NO DO Carrol 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDIE MEDDLE CARR FIRS! LAX Frederick (unknown) I IF YEL ONE WAR OR DATED 3008 Buffalo Road, Ziegler. CAUSE OF DEATH (Enter only one couse a APPROXIMATE PRICEVAL PART I DEATH WAS CAUSED BY OF HEALTH AND MENTAL HYGIENE RIAL, CREMATION OR REMOVAL IMMEDIATE CAUSE DUE TO: OR AS A CONSEQUENCE OF ditions. If any, which gave rise to immediate cause (a) stating the under DUE TO, OR AS A CONSEQUENCE OF lying couse last A BURIAL PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (6) CERTIFICATION E 3 SHOULD SE DEPARTMENT OF HEA 19a. DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? YES [] NO [ ICATE, WRITING THE WC FORWARDED TO THE TOR: PAGE 3 SHOULD B 21a EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME 21f LOCATION 71d INJURY OCCURRED EXECUTE THE CERTIFICATE, WRITIN PAGE 4 SHOULD BE FORWARDEE TO FUNERAL DIRECTOR: PAGE 3: AFTER DEATH, WITH THE STATE DE BALTIMORE, MARYLAND, 21201 PI STREET, FACTORY, FARM, ETC.1 STREET CITY OR TOWN COUNTY STATE NOT WHILE AT WORK 22a. I certify that took charge of the remains describe Autopsy Inspection death resulted fram: ndetermined manner ACTUAL SIGNATURE EXAMINER'S NAME (TYPE OR PRINT) 23d. LOCATION 23c. NAME OF CEMETERY OR CREMATORY 12/1982 Smithsburg Crematory Cremati BP Smithsburg **DHMH-17** New Windsor, Md. (VR A15 ME (5) T5M 2/80

AL AMERICAN a 4 Batalyans, appearant and type of the print of the Big 1\57\f the second . M. . SONERIS THE

1	STATE OF MARYLAND	1 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
1-	DEPARTMENT OF HEALTH AND MENTAL HYGIENES	1192
-	REGISTRAR MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.	
	CEASED NAME  ADDLE  LAST  20. DATE KNOWN OF ESTI-	ONTH DAY YEAR 26. HOUR
101	roland Newton Linnerman DEATH MATED []	113/ 1982 0500
3, 5E	5. DATE OF BIRTH MONTH DAY YEAR LAST BIRTHDAY) MONTHS DAYS HOURS MIN PRONOUNCED	ONTH DAY YEAR 26. HOUR
	M 01 03 1900 8 2 YRS. MONINS DATS HOURS MIN PROTOCONCED 0 1	31 182 0800
dare	7b. CITIZEN OF WHAT COUNTRY? 8. 9. BALTIMORE CITY OR 6.	QUNTY OF DEATH
	MARRIED INEVER MARRIED IN NEVER MARRIED IN COMMENT	MD.
10. C	ITY OR TOWN OF DEATH II. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION , 120, USUAL OCCUPATION (TYPE OF	WORK 12b. KIND OF BUSINESS
W	18 NOT IN SUCH FACILITY, GIVE STREET ADDRESS)  TO MUNICIPAL TO MAKE THE MAKE TO THE MAKE TO THE MAKE TO THE MAKE THE MAK	e Supermarkets
Tie.	AL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)  TATE 1 136 SOUNTY ROUT 1 136 OTT OR TOWN 1 136. INSIDE (ITY LIMITS? 130. STREET ADDRESS)  TATE 1 136 SOUNTY ROUT 1 136 OTT ON 1 136 OTT OTT ON 1 136 OTT OTT OTT OTT OTT OTT OTT OTT OTT OT	Fte Ct
14, F	ATHER'S NAME	
)	LAST SERST MIDDLE	DAST ALE
16a. 1	LUMERUAU FRANCES  WAS DECEASED EVER DIVES, ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS	Cowers
	Chart wice -	bladys I. Smith
	18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	PART I DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (0) SURVEY  SURVE	mmvis
-	DUE TO, OR AS A CONSEQUENCE OF	
	Conditions II any which Sufficultivia	nemoter
	course (a) stating the under DuE TO, OR AS A CONSEQUENCE OF	100.00
	lying course lest.	
	PART A OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).	
Z	1 1 a Alexander of d	
CERTIFICATION	IN DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY?
FIC	The Continues of Entropy and Continues of Entr	
RT	210. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED LENIER NATURE OF INJURY IN ITEM 18 PART	YES L NO W
	UNDERLYING GOR HOUR A.M. MONTH DAY YEAR	1 OK PART 2)
HCA.	CONTRIBUTING CAUSE OF DEATH P.M. 19	
MEDICAL	21d. INJURY-OCCURRED  21e PLACE OF INJURY (AT HOME. 21f. LOCATION STREET, FACTORY, FARM, ETC.)  STREET CITY OR TOWN	COUNTY STATE
	WHILE NOT WHILE STREET, FACTORY, FARM, ETC.)  STREET CITY OR TOWN	
		my opinion
	death resulted from:  Natural causes Accident Suicide Hamicide Undetermined manner	m, opinion
	1 01 1/2 1/2///	1/
		DATE 1/31/P2
	M.D. C. J. MEDICAL EXAMINER	SIGNED
10	EXAMINER'S NAME HIVE S. WALLEY	all CITY
22	(TYPE OR PRINT) ADDRESS WASTER POLICY PARTY ADDRESS WASTER PRINTED PARTY ADDRESS WASTER PARTY	11) 7/15 7
23a. E	BURIAL, CREMATION, REMOVAL 236. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION	COUNTY STATE
5	FUNETION 2-1-82 MESTURES 1250. DATE RECD. BY REGISTRAN 1250-REGISTRAN 1250-REGIST	ADE CICNAPPOL
19.1	UNERAL DIRECTOR  250. DATE REC'D. BY REGISTRAR 236-REGISTR  AME  250. DATE REC'D. BY REGISTRAR 236-REGISTR  250. DATE REC'D. BY REGISTRAR 236-REGISTRAR  250. DATE REC'D. BY REGISTRAR 256-REGISTRAR 256-REGI	Carleston.
11	and Trever (x sthins 181 / 100 011) TED J 1982	3/

